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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

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JACKSONVILLE, FLORIDA

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Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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HENRY HANSON, M. D., STATE HEALTH OFFICER

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 Communicable Diseases.....
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 Crippled Children.....

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 Marianna..... Lalla Mary Goggans, R. N.
 Ruskin..... Joyce Ely, R. N.
 Starke..... Mary G. Dodd, R. N.

COUNTY HEALTH UNITS

Jacksonville..... E. C. Stoy (U. S. P. H. S.)

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Henry Hanson, M. D., State Health Officer

STATE HEALTH OFFICER'S CONFERENCE

At the call of the State Health Officer, a preliminary conference of health officials was held in Gainesville, Florida, May 1st, 1930. There was no set program but opportunity was given to those present to bring up for discussion problems which had presented themselves during the daily routine in the field. This first meeting was too brief to allow each health worker to bring out all matters on which further information was desired.

For some time the State Health Officer and his staff have felt the need to convene the different members of the organization for round table consideration of the many phases of the State Board of Health program. In discussing this matter with the municipal health officers, it was learned that they had a similar feeling and heartily endorsed the plan to have all persons engaged in public health work to meet for exchange of ideas and experiences in order to make more efficient the efforts to safeguard the health of the State.

At the Gainesville meeting, a preliminary organization was formed to meet again at the call of the temporary chairman. On December 8th, 9th and 10th, the second Conference took place, at which a very instructive program was carried out. The object of the organization is for consideration of every phase of the activity of official public health workers. The individual who works alone a great deal of the time has no one to consult when he meets difficult situations. The Public Health Conference is the clearing house of the nurse, sanitary officer, the engineer, health officer and laboratory worker, as well as the statistician. It is a purely scientific group dealing with the science and technique of public health practice and administration. It fills a long felt want on the part of the group who day in and day out are examining blood smears for malaria or other parasites, cultures for diphtheria, excreta for hookworm eggs, dogs' brains for evidence of rabies, milk for presence of disease-producing bacteria, etc.

In the case of milk it sometimes happens that no bacteria of any kind grow in the cultures. In such samples the laboratory worker finds that an occasional milk man is trying to fool us and the general public by putting preservatives in the milk, such as formaldehyde, etc. Formaldehyde is, or used to be, the chief ingredient of embalming fluid. Many of us object to having our stomachs prematurely embalmed.

Since the question of milk handling presents some of the vital health problems, a milk and dairy conference was called immediately on the close of the other. In the Engineering notes of this issue, further mention is made of what took place and the attendance.

At the close of the general session, the Conference organized itself into the State Public Health Association, adopted a constitution

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and elected the following officers:

President, Henry Hanson, M. D.; 1st Vice President, Geo. N. MacDonell, M. D.; 2nd Vice President, N. A. Upchurch, M. D.; Sec'y-Treasurer, S. G. Thompson, D. P. H.

The next meeting will be held in Jacksonville.

THE PURPOSE AND IDEALS OF THE STATE BOARD OF HEALTH

H. MASON SMITH, M. D.

President, State Board of Health

You must know that it is somewhat embarrassing to me to make a public health address to an audience in which there are so many distinguished men and public health experts. While I have the medical background which gives me an intelligent appreciation of the results obtained by organized public health work, I have had no training in this important branch of medicine. The attitude assumed by me is one of a layman and my remarks are directed from a layman's viewpoint.

We feel that our pioneer statesmen who built the governmental machinery of this State displayed wisdom in that provision which stipulates that for the members of the State Board of Health the Governor shall appoint three citizens. It is generally believed that these three citizens should be laymen so far as public health training is concerned. The board then acts somewhat as a balancing wheel to the scientific and trained men in the administration of public health measures and probably, at times, prevents the scientific personnel of the department from instituting measures for which the public may not be prepared and, therefore, impractical in application.

This very point, I believe, touches one of the most important functions of the Board of Health, which is education of the public in preventing sickness. The time was, not in the remote past, when the main purpose of any health organization was considered the control of communicable diseases and the list of the diseases considered communicable was indeed a small one in comparison with the list we are interested in today, and that list was limited to air and water-borne diseases. There has been a widening of this scope of activity until now the function of a board of health is, to prevent sickness, or, preventive medicine.

As preventive medicine cannot be carried further than the health departments can receive the cooperation of the masses, education of the masses becomes one of the most important functions of any health department. It is the purpose of the Florida State Board of Health to build up and maintain an institution of high professional character with a personnel capable of carrying on this educational campaign in the most effective way.

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Besides the direct contact that is made by the State Board of Health with the people it is essential, in order to reach the masses, that we work through various agencies and only professional men of the highest qualifications and character can make the appeal which will obtain the desired support from these agencies.

So far we have found the medical profession, the educators of this State, the women's clubs, the various civic clubs, magnanimous in their support and wonderful emissaries of the message of preventive medicine. Through these organizations, especially the teachers, people have been reached who were before inaccessible to public health thought.

In spite of all this activity a large number of our population has not been reached. The charts on display here portray a picture of mental and physical enfeeblement in our rural sections, due to malaria and hookworms, which is tragical. Surveys that have been made show that these diabolical and insidious parasites through their influence on the health of the people have been destructive to agricultural productiveness and have reduced the economic condition of our rural sections in the fertile agricultural country of the northern part of the state, to poverty. These people have been so reduced that they cannot employ a physician. There are not many teachers among them. The children, by virtue of mental enfeeblement due to disease, are incapable of absorbing information even about their own physical conditions.

The women's clubs and civic clubs do not reach that far out. There is no agency on which we can depend to carry to this unfortunate class the information necessary to their well-being. It is not only our ideal, but our purpose to reach these people directly, to give them their birthright of health and this will automatically restore the economic conditions in the sections concerned.

In order to accomplish this stupendous task it will be necessary to procure health units in each county so badly infested. It is imperative, as I see it, that these county organizations function under the supervision of the State Board. By placing the control remotely or with the State Board of Health local politics and personalities which usually impair the function and efficiency of a health organization in a small community will be eliminated. The management then will be most efficient and free from the influence of patronage.

It is the purpose of our department to be the co-ordinating center for all health activities in the State. Even the municipal health organizations will prevent duplication, conserve energy and effort by utilizing the information which has been obtained and correlated by the various departments of the State Board. The situation is somewhat analogous to the human body, the State Board corresponding to the central nervous system, supplying the organs with information

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and motor energy which causes each organ to function for the welfare of the body as a whole.

For the activities of the United States Public Health Service, the International Health Board and other philanthropic agencies engaged in preventive medicine of various types, the State Board of Health must necessarily be the sub-station and correlating center, if their work is to be effective.

While our purpose is well defined and clear and all humanly possible is being done toward its accomplishment, the handicaps are tremendous. Our personnel is short. Our office space is inadequate. At present the department of Vital Statistics is occupying rented quarters uptown at a cost of \$330.00 per month which is equal to 6% interest on \$66,000.00. The Engineering Department is in the animal house. The Bureau of Child Hygiene has absorbed all our library space.

The only source of revenue which the State Board of Health enjoys is the one-half mill levy which brings an income of about \$280,000.00 per year. This is being absorbed by the maintenance of our present organization. It is inadequate to cure any of the deficiencies just mentioned and to continue to function efficiently. With the responsibility which we feel as an agency that has been built for the protection of the health of the people of this State we cannot further reduce our personnel or curtail any of the activities now being carried on.

It would only require one-fourth mill in addition to our present income to make possible the accomplishment of these ideals. With this amount we could house our organization and equipment, we could extend such financial aid to county units as would assure their creation and maintenance and give the State Board of Health the administrative supervision which is so necessary for its efficiency. With this we could meet the increasing perplexities of preventive medicine in a growing population. We could completely eliminate from our people many communicable diseases which have been such a menace to life, chiefly and most certainly of these is diphtheria. We would have that potentially which would enable us to check any epidemic in its infancy, and before it had reached many people, and lastly we could advertise to the world that our State is the safest place in which to live.

In closing, may I seek your indulgence for time to say that my connection with public health brings me the greatest sense of pleasure. The contacts with professional people in this field of medicine in whom I have seen such unselfish devotion to duty have been inspiring to me. Being a member of an organization whose purpose is protection of life, whose ideals are so altruistic and which is an agency designed for the protection of a great State causes me to feel that my own life is being made less selfish and more worth while.

ADMINISTRATION**UNVEILING CEREMONY**

At the annual meeting of the State Public Health Conference, held in Jacksonville December 8-10, Dr. Henry Hanson, President of the Conference, introduced Dr. J. N. Fogarty of Daytona Beach, who made a formal presentation of a portrait of the first State Health Officer of Florida, Dr. J. Y. Porter, in the name of the family of the deceased.

Presentation Address by

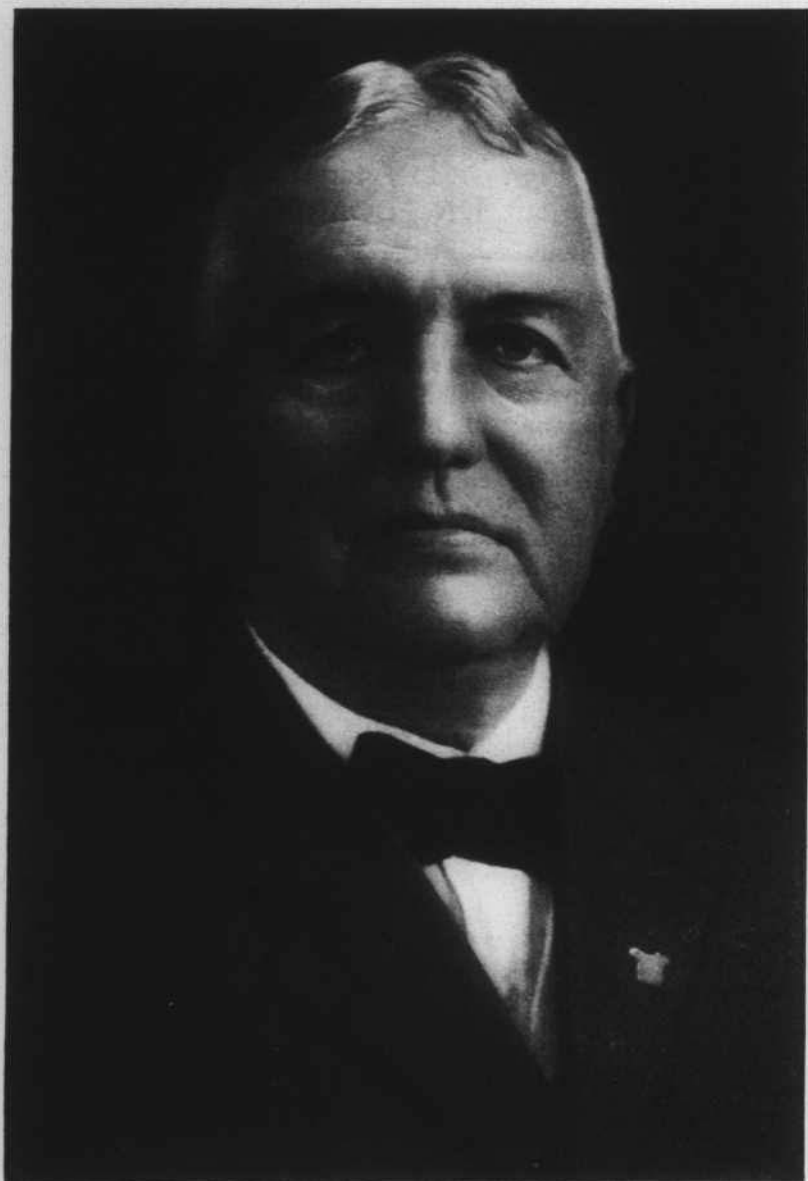
DR. J. N. FOGARTY

Mr. Chairman, members of the State Public Health Conference and Visitors:

Your loss in this particular instance is my gain. It is a deplorable fact that because of unavoidable circumstances, neither of the sons of Dr. Joseph Y. Porter is able to be here today. A younger son who is a practicing physician, in all probability because of lack of experience in appearing in public, might have refrained, but the elder son would have by far done greater justice on this occasion than your humble servant. To eulogize the deceased, Dr. J. Y. Porter, would be a waste of your time and mine. Probably no other state in the Union can boast of a health officer who was more widely known, nationally and internationally, than he, in the history of public health. All should realize and know that if they were not here at the time of the organization of the State Board of Health of Florida, it has been handed down to them from posterity; that he was the founder and primary organizer of the State Board of Health in this sovereign state.

I sincerely hope that your activities today as a health conference, in every instance, will be crowned with success on this particular occasion.

Having practiced medicine in the State of Florida thirty-three years in July past, I was in practice in the early days when it was thought that yellow fever was transmitted by fomites. It was in those historic times, when transportation over the state was nil, that yellow fever was endemic and smallpox made its appearance annually, particularly in the winter time. It was through the untiring efforts of Dr. Porter in cooperation with the State Board of Health, that Florida today stands foremost in the states of the United States as far as this phase of health is concerned. I remember well when the tourist came into our state late in the winter season and left early in the spring because of the fear of yellow fever. Florida today can boast of being one of the healthiest states in the Union. Dr. Porter was a man who you all know was the essence of honesty, integrity, untiring in his every effort to give us in our environment perfect health and happiness. During his twenty-eight years of activity as State Health Officer, Dr. Porter sacrificed his life in that 90% of his time was spent away from his family. Duty came first and his obligation to his family second.

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DR. JOSEPH Y. PORTER

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In presenting this portrait to the State Board of Health, it is a request of the family through me that this portrait of the deceased will hang upon the walls of the office of the State Health Officer. I appreciate the fact that you and your present incumbent will be guided through life and through your activities, official and otherwise, by the precepts as laid down by him in his everyday life, of honesty, purity of mind, faithfulness to friends and untiring efforts to the citizens of this state. I sincerely hope that as long as life lasts, as long as that likeness hangs on the wall of the State Board of Health, that it will serve as a beacon for you on your chart of navigation, that you may steer the ship of state away from the reefs and carry it into the haven of safety.

Before concluding, I would like to say, that in your present incumbent, my opinion is that you have a man of honesty, integrity and proficiency as was the deceased. His first charge in this state was under the leadership of Dr. J. Y. Porter. With the practical experience, theoretical knowledge and honesty of purpose of Dr. Hanson, your present incumbent of the State Board of Health, I feel that we are in safe hands and feel confident that the state will progress as far as her health activities are concerned. Before the termination of his tenure of office, I hope that the minds of the citizens of the state of Florida will be so enlightened as to the appointment of the State Health Officer, which in my opinion is vastly more important than your Governor, that the appointment of the State Health Officer will be taken out of politics and a man appointed for his efficiency, for his stickability and for what he is able to accomplish through himself and the cooperation of your board. Then, your legislature will not hamper you and the protection of health so far as the appropriation is concerned will be assured, and the lives of the children and the coming generations of our state will be put above the hogs. I sincerely hope so, and that in every one of your efforts, you will be crowned by success and I know that by following the precepts handed down by your predecessor, you will be successful. I feel assured that with the enlightenment of the citizens of this state that within the tenure of your office, the appointment of State Health Officer will be taken out of politics. I sincerely hope as a citizen of this state that your tenure of office will be maintained equally as long as that of the deceased.

Response by

DR. H. MASON SMITH

Dr. Fogarty, the Family of Dr. Porter, Mr. Chairman and Members:

Some twenty-one years ago, when I entered this state as a young medical graduate and located in one of the most remote rural sections of the state, it was my privilege to serve with this great man

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in a trivial way during a smallpox epidemic. While new in this state, I learned how the history of the state was interwoven in the life of the man, how he had led it through several tragedies, several trying periods to develop it from a frontier state into the great commonwealth that it is. Since that time, it has been my privilege to become acquainted with him, to become his friend and to love him as the people he served loved him, and since my connection with public health I have learned that he is yet the standard by which all public health activities are measured. While the scope of public health might have widened, the ideals which he set have never been elevated.

It is indeed a privilege to accept, on the part of the State Board of Health and on the part of the State of Florida, this generous gift and I wish to assure the family of this distinguished man that this portrait will hang in the headquarters of the health department and will there serve as a symbol of all that is good in preventive medicine. In a way, he is the father of organized medicine in this state as well as the father of public health and there the likeness shall be pointed to as the founder of both institutions. It shall serve there as an inspiration to our present leader and I trust the leaders that follow him. It shall certainly be an inspiration to all who have that spirit in their hearts to take up the altruistic work in which he was so long engaged. We thank you for this gift.

Conclusion by

DR. HENRY HANSON

I can add nothing to what has been said except to tell you that I am very much impressed by Dr. Fogarty's presentation of the merits of Dr. Porter and the eloquent acceptance on the part of Dr. Smith. It was under Dr. Porter's fatherly counsel that I began my career as a public health worker. When he told me tales of yellow fever of the old days, I little realized that some ten or fifteen years later, I would be in the midst of the struggle and I am happy to say that the results of his work and the work on the part of others in this great field, have helped in the modest efforts which I have undertaken in yellow fever control throughout the Americas. It is a great honor to us, and to me as State Health Officer, to have the inspiration of his image over the desk where I do my daily work.

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Lucile Spire Blachly, M. D., Director****FIELD NOTES**

Dr. Lucile Spire Blachly, Director of the Bureau of Child Hygiene and Public Health Nursing, left December 20 to spend the Christmas holidays at her home in Oklahoma City, Oklahoma. She expects to return to Jacksonville the early part of January at which time the full program of the Bureau will be taken up. Due to the revision of the Manual for Midwives and a number of other changes, it has been difficult to have things go as rapidly as desired; however, from this time on it is hoped that the work may progress without interruption.

Miss Annie Gabriel of Concord, North Carolina, who arrived in Jacksonville on December 15, will at that time assume her field duties as one of the staff nurses of this Bureau.

Miss Gabriel is a graduate of the University of Texas, has her nursing degree and fellowship in parent education. Her study classes will be held in various districts in the state, being first introduced in those counties already indicating a desire for the above. Since the state is rapidly becoming health-wise, it was deemed necessary that this phase of education be inaugurated.

Another recent addition to the staff of the Bureau is that of Miss Lalla Mary Goggans, the Laurie Jean Reid Scholarship Nurse. This scholarship was created in 1929 at Daytona by the members of the Florida Federation of Women's Clubs. Miss Goggans is a graduate of Orange General Hospital, Orlando, Florida, affiliated with DeLee's Lying-in Hospital (Obstetrics) in Chicago. She received her work in pediatrics at the Children's Memorial Hospital in Chicago and her public health training at William and Mary College in Richmond, Virginia, the School of Social Work and Public Health Nursing.

The Bureau is considered quite fortunate in having both Miss Gabriel and Miss Goggans as members of the staff.

TWO EXCERPTS FROM THE PRESIDENT'S MESSAGES

From Message to Congress early in 1930:

"I recommend to the Congress that the purpose of the Sheppard-Towner Act should be continued through the Children's Bureau for a limited period of years; and that the Congress should consider the desirability of confining the use of Federal funds by the States to the building up of such county or other local units, and that such outlay should be positively coordinated with the funds expended through the United States Public Health Service directed to other phases of the same county or other local unit organization. All funds appropriated should, of course, be applied through the states, so that the public health program of the county or local unit will be efficiently coordinated with that of the whole state."

CHILD HYGIENE AND PUBLIC HEALTH NURSING

From recommendation to the short session of Congress, December 3, 1930:

"I urge further consideration by the Congress of the recommendations I made a year ago looking to the development through temporary federal aid of adequate State and local services for the health of children and the further stamping out of communicable disease, particularly in the rural sections. The advance of scientific discovery methods and social thought imposes a new vision in these matters. The drain upon the federal treasury is comparatively small, the results both economic and moral, are of the utmost importance."

*Prepared on request by Clio McLaughlin, R. N., Chief of Nursing Division.

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

MALARIA

The history of malaria goes back as far as there is any record of human affairs. In the fifth century before Christ, Hippocrates had recognized the four chief varieties we know today. But it was impossible to separate from true malaria, the fevers due to other causes until in 1640 the introduction of "Peruvian Bark," gave the medical profession a therapeutic test for the disease. That is to say, if the administration of "Bark" caused a definite improvement in a suspected case, the disease must be malaria. This advance, like so many others, came from outside the medical profession.

About 1850, it was discovered that in true malaria there is a characteristic pigmentation of certain of the viscera. This was interesting and important to physicians but less so to patients since the detection of the pigment required an autopsy.

On Nov. 6, 1880, Alphonse Laveran, a French army surgeon on duty in Algiers, discovered in the blood of patients suffering from malaria, a parasite which he soon showed to be the cause of the disease. This discovery made it possible to make the diagnosis of the disease during life instead of at the autopsy table, and so marked the beginning of success in the battle against this disease which has taken such frightful toll of human life and happiness. Until recently, malaria has caused not less than two million deaths per year the world over.

Immediate mastery of the disease did not follow discovery of the disease any more than immediate development of the new world followed Columbus' discovery of America. But in each case the discovery made possible the subsequent development.

It is entirely beyond the power of the human mind to conceive just what the human race owes to the measure of success that has attended our fight against malaria. The discovery of the parasite led to the discovery of the agent of transmission, the mosquito. This in turn led to the discovery of methods for control and eradication.

BUREAU OF DIAGNOSTIC LABORATORIES

The knowledge we have now about malaria and yellow fever gives a melancholy interest to the writings of physicians and others of the days before Laveran and Ross. To me the most vivid picture of a malaria-ridden country is that painted by Charles Dickens in *Martin Chuzzlewit*. This is probably because I read it at an impressionable age. Others will recall different accounts of the ravages of insect-borne disease and will find in them evidences of very narrow escapes from the discovery of the means of transmission, which has really been the key to conquest.

We know what causes malaria, what transmits it, how to prevent its transmission, and how to cure it. Surely we know enough about it to eradicate it.

Last year there were in Florida 470 deaths attributed to malaria.

SUMMARY OF WORK DONE IN NOVEMBER, 1930.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1957	640	126	221	400	3344
Diphtheria	1449	238	111	209	118	2125
Typhoid	211	104	29	40	33	417
Malaria	283	125	37	16	94	555
Rabies	12	3		2		17
Tuberculosis	144	73	6	42	13	278
Gonorrhea	397	190	32	100	45	764
Kahn	3239	1291	84	658		5272
Water: Colon		52		115		167
Water: Count				96		96
Milk	146	330	143	471	29	1119
Miscellaneous	95	75	12	384	51	617
	<u>7933</u>	<u>3121</u>	<u>580</u>	<u>2354</u>	<u>783</u>	<u>14771</u>

Specimen Containers Distributed 10765

Biological Products Distributed

Diphtheria Antitoxin	10,000 units	204 Packages
	5,000 units	92 Packages
Toxin Antitoxin		18738 C. C.
Schick		6820 Tests
Toxoid		600 C. C.
Tetanus Antitoxin	20,000 units	11 Packages
	10,000 units	19 Packages
	1,500 units	1123 Packages
Typhoid Vaccine		1509 Treatments
Vaccine Virus		1460 Capillaries
Antimeningococcus Serum		9 Cylinders
Antirabic Virus		23 Treatments
Carbon Tetrachloride		3062 Capsules

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****"IN THE SUN"**

Miles from nowhere in the pine and scrub oak area of western Florida on a chilly fall day, there were observed a man and a woman sitting in the sun, apparently not talking, just sitting—sittin' in the sun. We hope they were thinking.

And as we wound through the woods trail to a rural negro school, we began thinking of the past and of the future, for shortly a new year would be with us—a new page for us to mark on.

That new page—will it be filled with the up and down strokes of a youngster, the large scrawl of a child, the writing of adolescence, the studied writing of maturity, or the quivery lines of old age?

Regardless of what the writing may be, let it record the accomplishment of good; let it record something done for the welfare of our children, for the good of our city or county, for the honor of our country.

Let us snap out of "sittin' in the sun"; let us think what we can do and do it! Action speaks louder than words and thoughts are but forerunners of words. Each of us can do good.

The humblest of workers in the woods—we can prevent fires that destroy the young timber, we can stuff the cracks of our slab shacks with moss and clay, we can perhaps trap a few animals of the wild, the pelts of which will bring us a few pennies that we can better clothe our children and provide for them better quarters to live in.

The farmer can in these days spend some of his time and a very little cash in screening his home against insects such as the fly and mosquito, those ever-dangerous spreaders of disease. He can, with a few old bricks or some timber, build a pit privy that hookworm may no longer infest the soil. And perhaps a milch cow can be secured in exchange for one or two range cattle.

City folks can insist upon proper safeguards being thrown about their milk and water supplies. They can take an active interest in affairs of government, especially as it concerns the health and educational departments; they can have a personal health examination made at least once a year and they can utilize the services of their health department to prevent unnecessary illness.

Professional workers in the health field can more diligently preach their gospel and, better still, practice it. They can be more understanding of the poor and less well informed, more appreciative of the problems certain religious beliefs have with preventive medicine, more willing to give their utmost to all that "their days may be long in the land."

BUREAU OF ENGINEERING

And so to all, regardless of our successes or shortcomings in 1930, let us do things in 1931 to make it the best year yet.

THE MILK CONFERENCE

From Miami, Tampa, St. Petersburg and Tallahassee—not to mention many points between—milk producers, milk control officials and pasteurization plant operators gathered in Jacksonville on December 10-11 at the call of Dr. Hanson. Even Waycross, Georgia was represented.

It was our first milk conference since 1926, and was attended by fifty-odd interested persons. We were very fortunate to secure Leslie W. Frank, Sanitary Engineer in charge of Milk Investigations of the United States Public Health Service, Washington, D. C., and George W. Putnam, Director of Research, The Creamery Package Company, Chicago, Illinois, for our out-of-State guest speakers and each brought a very worth while message on milk. Mr. Frank spoke on "The Standard Milk Ordinance—What It Is" and Mr. Putnam on "Modern Pasteurization Equipment and Practices."

Our own Dr. J. V. Knapp, State Veterinarian, outlined the program of the State Live Stock Sanitary Board relating to tuberculin testing and the control of contagious abortion and Mr. John M. Scott, Chief Milk Inspector of the State Department of Agriculture, outlined the work undertaken during the first year of the new milk law. President V. C. Johnson, of the State Dairy Association, gave a paper on "The Relation of the Association to Dairy Sanitation."

After receiving sincere praise from Messrs. Frank and Putnam as to the high quality of Jacksonville's producing dairies and pasteurization plants, (those visited during the day by these authorities being characterized as "no finer anywhere in the United States") City Bacteriologist, Horatio N. Parker of Jacksonville, outlined his experience with the standard milk ordinance. Dr. A. W. Ziebold of the Foremost Dairies and former City Health Officer of Miami arose from a sick bed to give a short talk on "The Distributors' Interest in Milk Sanitation." Dr. George Attwood, County Health Officer of Ware County, Waycross, Georgia, outlined some of his work in regard to preventing the spread of undulant fever by milk. Dr. J. G. Du Puis of the White Belt Dairy, Miami, was unable to be present.

The standard milk ordinance seems to fit our needs and it is gratifying to the writer to see the measure advocated by him in 1926, receiving popular support. Florida can well afford to travel the trail of milk sanitation blazed by the States of Alabama, Texas, North Carolina, etc., through local milk control officials in over 450 cities and counties.

Discussions were interesting and to the point and numerous small groups were "talking it over" for an hour after the Conference closed. It was requested by the Conference that a similar meeting be held next year.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

HOW THE DOCTOR DOES

In his freshman year the medical student gets a thorough laboratory training in bacteriology. At first he is taught the technique of isolating harmless germs in pure culture. He transfers them from gelatin or agar plates to various other culture media in test tubes and flasks. After he has learned to do this without contaminating his pure cultures or spilling them over his desk, his apparatus or his person, he is permitted to handle disease producing germs in the same manner. This is the training that prepares him to avoid dangerous infections when later he enters the field of surgery or attends the mother at childbirth. This is the experience that enables him to attend diphtheria or typhoid patients without becoming infected or permitting others to become infected.

The Nurse

In the training school for nurses the probationer is taught first of all CLEANLINESS. For disinfecting floors, woodwork and furniture, plenty of soap and plenty of water are more esteemed than formalin or sulphur fumigation. Hot water and live steam are found more useful for the treatment of soiled linen than bichloride or carbolic. Burning is better for soiled paper napkins, cloths and paper sputum cups than quick lime.

Patients with contagious diseases may safely be admitted to the wards of a general hospital if the known control measures are adequately applied.

The Rest of Us

Untrained persons who are drafted into service as home nurses for patients with communicable disease may observe the same precautions, the same rigid cleanliness and the same methods of disinfecting that prove effective in the hands of the doctor and the trained nurse. They should get minute instructions from the attending physician. They should avoid unnecessary contact with the patient, his secretions and things soiled with his secretions. They should wash the hands thoroughly after waiting on the patient. Everything should be disinfected before or immediately after it leaves the sick room and no visitor should be admitted. Painstaking attention to detail is necessary until one acquires the proper habits and technique.

I well remember, when a boy, holding my breath while passing a house in which a child was ill with scarlet fever. Direct infection travels only as far as the patient can throw droplets of moisture in coughing. Indirect infection may travel much farther with the secretions, on dishes, linen or any article carelessly removed from the patient's environment. Proximity to a well-managed contagious disease hospital or tuberculosis sanatorium is not at all dangerous.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

INFANT MORTALITY



It is with considerable pride that those who have endeavored to improve health conditions in Florida observe the rapid decline in the infant mortality rate in this state. In 1929, the rate was 66 as compared with a rate of 106 in 1917. This is not only a remarkable decline in the infant mortality rate but a study by years

indicates a gradual and consistent reduction in the rate from year to year with a very few exceptions.

The infant mortality rate among the colored population is much higher than among the white. The highest rate recorded in this state for the colored is 155 as compared with 91 as the highest rate for the white. However, the colored rate has declined slightly more than the white rate.

Infant mortality rates are of considerable importance to the health worker for a number of reasons. This rate is the number of deaths of infants under one year of age per thousand living births reported. It is, therefore, not necessary to have the population of a city, county or state to immediately use the birth and death records in computing the rate. In addition to the prompt accessibility of the figures for the use of the health worker, the rate itself, if studied intelligently, is significant as an indication of the existence of certain health problems.

Deaths Under 1 Year and Infant Mortality Rates, By Color,
1917 — 1929.

YEARS	Total		White		Colored	
	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
1929	1,766	66	953	52	813	95
1928	2,000	67	1,123	54	877	96
1927	2,303	68	1,336	56	967	95
1926	2,614	75	1,545	62	1,069	108
1925	2,179	74	1,219	61	960	104
1924	2,182	82	1,259	70	923	107
1923	1,822	78	1,017	65	805	106
1922	1,691	77	997	65	694	104
1921	1,770	80	1,001	66	769	112
1920	1,835	94	1,031	76	804	134
1919	1,659	89	927	72	732	126
1918	1,947	107	1,148	91	799	145
1917	1,897	106	1,087	86	810	155

BUREAU OF VITAL STATISTICS

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Counties—1929

COUNTIES	Total		White		Colored	
	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
0. State.....	1766	66	953	52	813	95
1. Alachua.....	32	49	16	49	16	49
2. Baker.....	9	54	6	48	3	71
3. Bay.....	20	76	10	52	10	139
4. Bradford.....	7	40	6	45	1	23
5. Brevard.....	11	55	4	29	7	111
6. Broward.....	26	71	5	25	21	127
7. Calhoun.....	18	96	13	83	5	161
55. Charlotte.....	3	50	3	60	0	.....
8. Citrus.....	12	113	7	119	5	106
9. Clay.....	12	118	7	89	5	217
62. Collier.....	3	111	3	130	0	.....
10. Columbia.....	20	66	7	39	13	105
11. Dade.....	108	49	61	39	47	70
12. DeSoto.....	16	86	9	59	7	219
56. Dixie.....	10	89	9	113	1	31
13. Duval.....	213	72	101	52	112	110
14. Escambia.....	68	63	49	57	19	86
53. Flagler.....	1	22	0	.....	1	42
15. Franklin.....	6	44	4	45	2	42
16. Gadsden.....	70	102	16	59	54	129
64. Gilchrist.....	7	64	5	49	2	333
57. Glades.....	4	80	1	30	3	176
65. Gulf.....	2	27	2	38	0	.....
17. Hamilton.....	10	55	6	64	4	45
58. Hardee.....	13	64	11	58	2	154
63. Hendry.....	4	61	3	46	1	1000
18. Hernando.....	5	46	4	63	1	23
59. Highlands.....	11	56	9	60	2	42
19. Hillsboro.....	150	57	98	45	52	114
20. Holmes.....	17	69	16	65	1	333
66. Indian River.....	9	62	5	53	4	80
21. Jackson.....	42	57	21	49	21	68

BUREAU OF VITAL STATISTICS

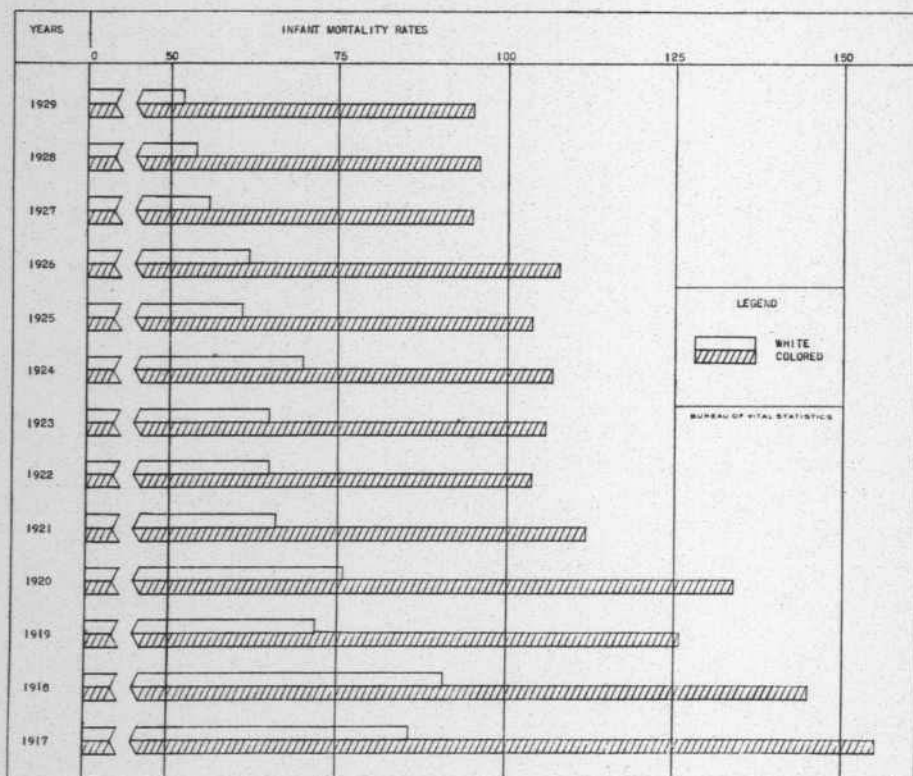
INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Counties—1929 (Continued)

COUNTIES	Total		White		Colored	
	Deaths Under 1	Rate Per Yr. 1000 Births	Deaths Under 1	Rate Per Yr. 1000 Births	Deaths Under 1	Rate Per Yr. 1000 Births
22. Jefferson.....	53	155	11	157	42	154
23. Lafayette.....	2	37	2	41	0	.....
24. Lake.....	21	53	9	33	12	100
25. Lee.....	16	60	10	48	6	103
26. Leon.....	38	78	11	64	27	85
27. Levy.....	14	60	9	65	5	53
28. Liberty.....	7	58	7	91	0	.....
29. Madison.....	22	58	8	53	14	60
30. Manatee.....	25	69	12	54	13	94
31. Marion.....	44	89	22	87	22	92
67. Martin.....	6	67	3	51	3	97
32. Monroe.....	18	71	13	66	5	86
33. Nassau.....	11	64	3	30	8	111
34. Okaloosa.....	8	40	8	45	0	.....
54. Okeechobee.....	4	56	4	75	0	.....
35. Orange.....	69	74	43	63	26	108
36. Osceola.....	9	65	5	51	4	100
37. Palm Beach.....	51	68	20	38	31	136
38. Pasco.....	16	86	12	77	4	129
39. Pinellas.....	52	60	29	46	23	100
40. Polk.....	81	57	50	45	31	97
41. Putnam.....	21	61	7	39	14	84
42. St. Johns.....	21	67	9	42	12	120
43. St. Lucie.....	12	92	6	70	6	136
44. Santa Rosa.....	12	43	6	24	6	167
60. Sarasota.....	14	67	10	61	4	93
45. Seminole.....	39	88	18	82	21	94
46. Sumter.....	7	39	2	19	5	71
47. Suwannee.....	24	81	15	87	9	72
48. Taylor.....	16	98	9	84	7	123
61. Union.....	4	31	4	42	0	.....
49. Volusia.....	47	73	28	60	19	108
50. Wakulla.....	9	93	4	70	5	125
51. Walton.....	18	56	13	51	5	72
52. Washington.....	16	55	14	69	2	22



DEATH RATES OF INFANTS UNDER ONE YEAR PER 1,000 BIRTHS,
BY COLOR, FLORIDA, 1917 - 1929.





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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

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STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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HENRY HANSON, M. D., STATE HEALTH OFFICER
Also Executive Officer and Secretary of Board.

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

STATE HEALTH PROGRAM

In presenting a health program one does so on the basis of an inventory of existing conditions.

The instrument by which measure is taken of assets and liabilities is found in statistics.

The objective of the State Board of Health is presented as a proclamation of desired achievements which it is hoped will be accomplished in the activities of its component parts; namely, the five Bureaus, Communicable Diseases, Diagnostic Laboratories, Vital Statistics, Child Hygiene and Public Health Nursing, and Engineering.

The Bureau of Communicable Diseases with the aid of the Diagnostic Laboratories gathers information regarding morbidity, investigates and confirms the prevalence of communicable disease by clinical and laboratory diagnosis.

The Bureau of Communicable Diseases employs all the approved methods for the limitation of spread of infection by legal restrictions on movements of individuals as well as by means of immunization. Effort is also made to convey to the public information which if utilized would wipe diphtheria, typhoid, smallpox, tuberculosis and other infectious diseases out of existence.

The Diagnostic Laboratory is our basic science institute where we obtain final and indisputable confirmation (when positive) of the suspected disease. The laboratory, as the word indicates, is the workshop which operates 365 days in the year.

If obscure problems present themselves, the laboratory furnishes the information on which a procedure for correction is formulated. It, to a large extent, provides the means which the rest of the organization employs to effect correction of the ailments of mankind.

We are working on the basis of education of the public to the recognition of a mode of living which carries with it the smallest handicap of unhappiness and avoidable ill health and the longest possible postponement of the inevitable finale of life. Why death, an unescapable provision of nature, should be so dreaded we do not know. We do not know what life is or how it originated or why we humans appear to be (as we think) the only reasoning beings in this universe, forming we know not what part of the multiverse. All we know is that we are here and want to stay as long as we can. When one begins speculation of this type it is appropriate to refer to the 38th Chapter of Job, 2nd Verse, and humbly deal with what we appear to know of the realities of life, and talk in terms of hookworms and malaria.

Referring to information gleaned from vital statistics we find that nearly 50% are already cold facts and the other 50% are striv-

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ing to postpone joining with their predecessors. Fortunately, it has been possible to create a widening disparity between the two and the annual increment of the cold group while maintaining the ground occupied is continuing to give way in ratio to the ever oncoming replacements.

One must know what the prevailing conditions are and what is killing people and where it occurs. This is a part of the fundamental knowledge, furnished by the Bureau of Vital Statistics, without which no logical better health program can be executed. Analyzing the leading causes of deaths as reported for the year 1929 we have the following:

	Total Deaths	Per cent of All Deaths	Rate Per 100,000 Pop.
Heart Disease	2,502	14	174.8
Nephritis (all forms)	1,690	9	118.0
Cerebral Hemorrhage, Apoplexy.....	1,291	7	90.2
Tuberculosis (all forms)	1,014	6	70.8
Cancer (all forms)	994	5	69.4
Influenza (all forms)	903	5	63.1
Pneumonia (all forms)	868	5	60.6
Disease—Early Infancy	820	5	57.3
Automobile and Motorcycle Accidents	503	3	35.1
Malaria	470	3	32.8
Homicides	388	2	27.1
Syphilis	374	2	26.1
Diarrhea and Enteritis	355	2	24.8
Pellagra	313	2	21.9
Puerperal State	255	1	17.8
Paralysis	210	1	14.7
Other Diseases of Stomach	197	1	13.8
Diabetes	188	1	13.1
Appendicitis	188	1	13.1
Suicide	180	1	12.6

There has been considerable difficulty in determining a final and complete program for the Bureau of Child Hygiene and Public Health Nursing and it is a question if these two groups should be combined under or in one Bureau. This point may not be resolved in its finality before the latter part of this year.

We do feel, however, that the public health nurse has been handicapped in her legitimate field of activity by duties belonging to other branches of the department and by work which belongs to the private practitioner of medicine. Physical inspection of school children is work for the physician. The administration of medical treatments, remedies, medicines or inoculations should only be by direct orders, preferably written, of a physician licensed to practice medicine in the

ADMINISTRATION

state. Therapeutics is not a part of preventive medicine. The public health nurse is vastly more useful to the Health Department if she is allowed to devote a large part of her time to home visits teaching hygiene, care and precautions to be observed where there is communicable disease; and in no place so much needed as among the unfortunate poor where some one is afflicted with tuberculosis. Diagnosis is a function of the physician.

As we are at present organized in Florida, the public health nurse in a sense is the sanitary officer of the Bureau of Child Hygiene. There is also a place for her, cooperating with the Bureau of Communicable Diseases.

The field of the Bureau of Child Hygiene in the present set-up of the Florida State Board of Health may for the immediate future be more limited than in other states, but there is an ample sphere of activity for the present limited (in number) personnel, as well as ample magnitude in the problem at hand. Statistics indicate that Florida has the highest maternal mortality per 1,000 live births of any state in the Union, hence a challenge in this phase alone which will make a name for the one who solves the riddle. With this goes also a huge and difficult midwife problem.

With the Child Hygiene program we are introducing recommendations of periodic physical examinations by the family physician for child and adult and especially the expectant mother, where prenatal, natal and postnatal care are of crucial importance.

What about the indigent, who appear to reproduce with regularity, annually adding to the already heavy burden of the welfare worker? The handicapped adding handicaps to the handicapped. The maternity and infancy expert must handle the latter group in a combined coordinated program with the social worker.

For practical purposes, it would appear wise to limit the field of the Bureau for the present to maternity and infancy and the preschool child, which forms a firm foundation for the Bureau, a field of sufficient amplitude.

The Bureau of Engineering is charged with the safeguarding of the water supply of the state, supervision and control of the sanitary features of the shellfish industry, of sewage and industrial waste disposal and the sanitary features of public buildings, besides mosquito and fly control, abatement of nuisances, supervision and control of tourist camps, etc. This is a short paragraph which when unravelled attains considerable length, e. g., in the shellfish control alone these activities have a shore line 1500 miles long. The field of the sanitary officer is extensive and dovetails the work of all our other Bureaus.

There is great need for the addition of a chemist in our central laboratory, to provide information regarding our underground water supply and other matters.

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Finally, there may be said to be a germinating division of Rural Sanitation. This activity will be the means of enabling a large group of our rural people to become self-sustaining, producers of needed Florida products, thereby eliminating importation of dairy feed, etc.

Among the leading causes of deaths enumerated some are more easily prevented than others. Four may be classified as communicable, viz., tuberculosis, influenza, pneumonia and malaria. Except for tuberculosis and malaria there is a sporadicity and a limited communicability, and one has a less definitely fixed ratio of the number of cases to deaths. In tuberculosis, one can approximate the cases in a ratio of 10 to 1, on which basis Florida last year had 10,140 cases of tuberculosis in various stages of activity.

In malaria, the ratio appears to be 200 to 1. Our statistics show 470 deaths giving a total of 94,000 persons as having had malaria during 1929. If one assumes the loss in time from sickness to be from 5 to 15 days per person, or an average of about 10 days for each, there would be a loss to the state in earning power of 940,000 one-man working days in one year from malaria alone, or 2,575 one-man working years of 365 days, or 3,135 one-man working years of 300 days.

The sickness loss from this one disease for 1929, estimated on the low basis of \$1.00 per day, is more than three times the total annual income of the State Board of Health.

In the territory in which malaria prevailed there is also a serious prevalence of hookworm disease and infestation. Among the special groups examined we have obtained results showing from 20% to 80% to harbor hookworms. In the general laboratory routine for stool examinations, about 25% have been positive. The importance of these facts lies in the impairment of the activity of the food producers of the state, our rural population. People sick with malaria and hookworms cannot farm or raise hogs on a paying basis. The remedy lies in a further extension of effective health service to the groups handicapped by readily preventable sickness.

For some months, with the cooperation of the U. S. Public Health Service, we have worked on plans for installation of full-time health units in counties where the county commissioners are disposed and authorized to appropriate money for health work. Only a few counties have authority to do so and the next step will be to ask the Legislature to pass an enabling act; first, authorizing county authorities to provide funds to meet the county's share of the cost of safeguarding the health of its people, second, authorization to the State Board of Health for receiving and disbursing such funds through the state treasurer and for authority to match funds received from such outside sources as the Federal Government, the Rockefeller Foundation, the Rosenwald Fund, etc., and third, to provide the State Board of Health

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with sufficient means to meet its responsibility in the administration of the rural health program.

The county unit must be developed with great care. It is vitally important to use great care in selection of personnel and that it be definitely understood by all concerned that such units sense that while working apparently independently they are a part of the State Board of Health program, and that the parent organization is the final arbiter in policy and execution. No effort will be made to install units faster than we are confidently able to supervise and develop satisfactorily.

The existing organization has done splendid work with the facilities available. Except for the malaria, hookworm and white maternal mortality, our statistics compare favorably with other states. These three items, however, are so vital that in themselves they merit first consideration by the coming Legislature.

Other issues are those of our relations to the schools, and questions in health education. Teachers have not grasped the idea that they should be first to go to their own physicians yearly for examination and present with application for position a certificate of physical fitness.

We do not in any sense advocate state medicine, nor do we as a health department handle welfare problems. We feel that there is a definite meeting point and the task for each is great enough without encroaching.

Finally, it is with a feeling of great satisfaction that acknowledgment can be made of a spirit of cooperation shown by the Education Department, the State Commission of Welfare, the Municipal Health Departments, the Women's Clubs, Civic Clubs, The Florida Public Health Association, the Commissioner of Agriculture and all state organizations with which we have had dealings.

We are greatly indebted to the Surgeon General of the U. S. Public Health Service for his advice and material aid, to the Rockefeller Foundation for cooperation in our laboratories and training course to our personnel, also to the Rosenwald Fund for help in initiating a better health service for colored people.

If we succeed in overcoming our handicaps and are provided with the necessary facilities in office space and operating funds, we will put into effect and carry out a program which will alter the present poor economic status of our rural people, by making Florida in actuality what she is potentially, the healthiest state in the Union.

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Lucile Spire Blachly, M. D., Director****MIDWIVES**

"The committee is of the opinion," so states the report of the subcommittee on the Education of Midwives of the White House Conference on Child Health and Protection, "that the ultimate solution of good obstetrics lies not in the midwife, but in developing a sufficient number of doctors who are well trained in the fundamental principles of obstetrics, and that the development of such doctors is a direct responsibility of the medical schools. However, at the present time, the midwife is a local necessity. She cannot be eliminated in some sections and every effort should be made by the medical profession to improve her efficiency as rapidly as possible." Further on in the report this committee "recognizes that the midwifery problem under our present economic situation cannot be relieved at once, but it should be improved as rapidly as possible, and this improvement should be brought about by local effort. In states where the economic status is low, aid is needed. The work begun by the several State Boards of Health should be continued. A system of control should be developed by each state and standards of supervision and instruction worked out. These should include requirements for licensure, and adequate supervision by obstetricians and qualified nurses or midwives. The requirements should be gradually raised until a satisfactory standard has been reached.

"The practice of midwifery should always be under the supervision and control of direct medical authority. Recognized institutions, which will assure proper training of midwives, must be established if present conditions are to be permanently improved. Anything less than this is temporary alleviation and not permanent relief. The committee considers the establishment of such institutions a community responsibility. Since the need for midwives seems greatest in those communities having a large colored population, it would seem wise to establish institutions in the South for the proper training of colored midwives. Plans should be formulated for post-graduate courses for keeping midwives up-to-date.

"It is suggested that public health nurses with midwifery training would help in the solution of the midwife problem, and that midwifery training would offer the colored trained nurse a larger field of activity."

Florida's figures show that during the last five years 11% of the white and 81% of the colored babies born alive were delivered by midwives. Florida's status as regards her maternal death rates is unenviable. This applies particularly to the high rate for white women as compared with other states and with the high rate for rural mothers compared in like manner.

This Bureau has practically completed plans for some needed changes in the supervision and instruction of the midwives with the

CHILD HYGIENE AND PUBLIC HEALTH NURSING

hope that the improvement made in the past might be continued. These plans will be presented in the next issue of Health Notes.

To understand them fully, knowledge must be had of the past plans and procedures of this Bureau.

Historical

An incomplete study of the annual reports and the past issues of Health Notes shows the first mention of midwives was made by the State Health Officer, Dr. J. Y. Porter, in the April, 1914 issue of Health Notes, in which he reports on the presidential address of Dr. Jacobi, president of the American Medical Association, to the effect that "The duty of the medical profession is not to suppress the midwife but to educate her." It is interesting to note that the obstetricians and others making up the subcommittee afore-mentioned still subscribe to this view.

The next mention we find is after the Bureau of Education and Child Welfare (now the Bureau of Child Hygiene and Public Health Nursing) had been added to the Board of Health (September 8, 1918) with Dr. Grace Whitford, Director. Her report (Page 70, Thirtieth Annual Report) carries a reference to work with midwives as follows, "Education of the colored midwife is a grave necessity; classes have been formed in several centers for these women and local registrars are showing some remarkable figures as to their effectiveness." The following year in the Thirty-first Annual Report (Page 41, 1920) of Dr. W. B. Keating, Director, successor to Dr. Whitford, the following appears:

"In an effort to educate the midwives of the state in the necessity of the use of proper sanitary measures when in attendance on mothers during childbirth, a sanitary obstetric package was made up, consisting of two sterile gauze pads, umbilical tape, and an ampoule of Silver Nitrate. One of these packages was sent to every midwife (3330) together with a printed list of instructions on the proper care of the child and mother during this time. The packages were issued free of charge and reissued upon request."

Health Notes (April 1922, page 25) records that "A 'List of Rules' on how to properly conduct a case and an 'obstetrical package' was sent to every midwife."

The Biennial Report (1921-1922) carries the information that prior to September 15 (1922), the day on which cooperation with the Children's Bureau, Department of Labor, was started, "The field plan was for the nurses to cover the field county by county giving talks to groups of women, rounding up the midwives they could reach, checking up the birth and death records with the local registrars, investigating milk supplies and doing general educational work relative to the Maternal and Infant Hygiene Division." It is interesting to

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note that two nurses, one white, Miss Sherman, and one colored, Estelle Bonner, comprised the nursing staff at this time.

On September 15, Dr. Keating having previously resigned, Mrs. Laurie Jean Reid was made director and a third nurse, Miss Ruth Mettinger, was added to the staff.

"In making a plan," (Thirty-first Annual Report) the new director recorded, "it was deemed necessary to do instructive work with midwives for whom up to this time there had been no regulation regarding their work and only in a few larger centers in the state with established health departments had any instruction been given them."

Each nurse was assigned a district, that of the colored overlapping the others to some extent. In outlining the procedure the report states: "By a pre-arranged plan, notifications are sent to all the midwives whose names it is possible to procure through the local registrars and various other agencies in the county telling them to report to the representative of the Division of Maternal and Infant Hygiene on a given date for instruction. * * * The meeting of the midwives is held the first day of the nurse's visit to the county so that during the other days wherever possible she may find the delinquent midwives in their homes and give them the necessary preliminary instruction."

Each nurse spent approximately one week in a county.

The "List of Rules" was replaced by a Manual of Instruction for Midwives. In the Annual Report for 1923 the statement is made that "Since the major part of the obstetrical work of the state is done by midwives particularly in the country places where doctors are few and far between, the supervision of midwives was undertaken in an effort to lower the maternal and infant death rate. Each district was covered county by county and every midwife that could be reached was instructed either in classes or individually in her home. Each midwife was furnished with a Manual of Instructions to Midwives with the admonition that her work must coincide with the instructions given in the Manual. Instructions were given as to the equipment the midwife would be permitted to carry. Silver Nitrate in wax ampules was supplied to each midwife and arrangements made for her for future supplies to be gotten from the local registrars, thus making contact with the local registrars."

The 1924 report carries this same paragraph with another much briefer which reads: "Midwives completing the course of instruction were given a Certificate of Fitness which must be renewed annually". This apparently was the beginning of the present method of licensing the midwives.

The method of procedure as outlined in the Nurses' Manual reads: "Midwives Examination: Midwives are to be gotten together in groups for examination where possible. Where this is impractical, every effort must be made by the nurse to locate the midwife in her

CHILD HYGIENE AND PUBLIC HEALTH NURSING

home and conduct the examination. Each midwife must be examined according to the Manual of Instruction for midwives, which is their text book authorized by the State Board of Health. She must give satisfactory evidence of fitness by oral examination and demonstration and must also have her complete equipment before a license is issued to her. * * * Re-examination of midwife is made annually and license renewed if indicated, and marked with number of renewal. License for previous year is to be returned to Bureau headquarters. Every effort must be made by the nurse to secure the old license. On completion of work in a county, the corrected list of midwives must be sent in to Bureau headquarters with the old list, on which explanatory notations have been made.

"Supervision and Instruction of Midwives: Any women or men, except physicians, who deliver women in childbirth, come under this heading and all information must be followed up in an effort to discover all persons doing this work. Midwives must have had instruction in at least four classes before they are admitted to examination for license."

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

ACCIDENTS — 203B

November 1930. Provisional mortality data issued by the Vital Statistics Bureau has an item 203B, automobile and motorcycle accidents, tucked down last in a list of deaths. Last but not least. We find that this item alone during the month of November accounted for 48 deaths, 48 preventable deaths.

Accidents are exacting far too great a toll in Florida! Health departments may say we cannot do anything about accidents but we venture to state that prolongation of life and preventing unnecessary loss of time and limb are problems health departments can and should be interested in. Accidents are preventable. Let us be on guard to curtail their toll; the health department can help.

As health workers we have adopted certain fetishes that we worship; we keep fighting typhoid fever, a cause of death that is preventable. Two people died from typhoid in November 1930; forty-eight lost their lives in preventable accidents. How we would scurry if small-pox were prevalent, yet no one died of it in November and forty-eight died of accidents.

President Hoover called a White House Conference on Child Health and Protection and we are greatly aroused over the needs of children and we see that fifteen children died from diarrhea and enteritis (under two years), entirely preventable, and forty-six died from premature birth. These figures startle us and stir us to action. But,

BUREAU OF ENGINEERING

forty-eight preventable deaths from automobile and motorcycle accidents and we do nothing. Look a little farther. No one accuses our colored folks of excessive speed in anything, and apparently in accidents, they by virtue of slowness escape, for only nine of the forty-eight were colored deaths and we in the South know the character of the motor transportation utilized by our colored brethren. Speed! Speed is the watch word of the day but let us speed the day when we will look aghast at our 203B—automobile and motorcycle accidents.

Florida is one of the few remaining states where anyone can drive a motor vehicle. There is no state law as to age, responsibility, compulsory, insurance or anything about driving a car; youngsters drive, the deaf drive, the lame and the halt drive. Yet we are not as bad as many of our northern states for our roads are straight and the few curves easy to take. Grade crossings are being eliminated and our traffic congestion is not acute as yet, but the toll of preventable automobile accidents is too high. It is hoped that the Legislature will throw some safeguards about driving; at least, let us have a driver's license law.

Preventable Deaths in November

48	From Automobile and Motorcycle Accidents.	Typhoid	2
		Smallpox	0
		Measles	1
		Diphtheria	15
		Malaria	30
		<hr/>	
48			48

In 1931—Let's be Careful! Prevent Accidents.

Acci — dont's

Singing in the bath tub may be O. K. but playing with an electric light switch may be fatal.

Ziping down the road at forty-five may be within the law but if a tire blows out, your next ride may be in a hearse.

Cold weather, snappy mornings, but stick to "lightwood" to start that morning fire and let the kerosene can stay in the garage.

Not much danger of skidding on icy pavements in Florida but when that road sign says "Dangerous in Wet Weather," you had better slow down.

Why argue with a railroad train as to crossing privileges? Be polite. After you, Gaston!

Accidents don't "happen." They are caused by carelessness, etc.

Each of us can help. Prevent accidents!

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

SUMMARY OF ACTIVITIES, 1930

It is necessary to pause once in a while and take account of our work. This must not be overdone, of course, but a certain amount of it is good for us. I have particular reference to the summing up of the amount of work done during the past year by the Bureau of Laboratories.

The accompanying tabular report shows the number of examinations done in each of the five laboratories for each month of the year 1930. These figures are not directly comparable with similar reports issued by other states, for the reason that different systems of record keeping are used. But they are comparable with our own previous annual reports. Not to burden this note with too many figures, the totals for the Jacksonville Central Laboratory for five years are selected.

Total Tests Done:

1926	1927	1928	1929	1930
61,999	77,000	77,000	88,000	100,050

It will be seen that there has been a 61% increase in five years which is gratifying evidence of the degree to which the medical profession depends on us.

Another item of interest is that for the first five years of the existence of this laboratory, no hookworm examinations were reported, very few having been done and those lumped with other tests in the numerical report. Of course, there were no tests for syphilis in the early days for no such test had been devised.

Last year more than one-half of all the tests were for hookworm and syphilis, not contemplated when the laboratory was established.

Annual Report for 1930.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
January	8495	3778	452	2388	742	15855
February	9250	3139	185	2415	605	15594
March	9571	3893	142	2426	240	16272
April	10601	3075	774	2390	456	17296
May	8818	3034	448	2575	397	15272
June	6388	2331	498	2142	355	11714
July	7539	2978	484	3093	205	14299
August	6924	2739	251	1895	456	12265
September	7587	2780	537	2168	334	13406
October	9940	3334	794	2948	446	17462
November	7933	3121	580	2354	783	14771
December	7004	2947	503	2023	807	13284
Total	100,050	37,149	5,648	28,817	5,826	177,490

BUREAU OF DIAGNOSTIC LABORATORIES

SUMMARY OF WORK DONE IN DECEMBER, 1930

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1739	511	15	183	654	3102
Diphtheria	939	237	110	103	24	1413
Typhoid	213	85	21	77	17	413
Malaria	251	136	23	9	34	453
Rabies	8	4		2		14
Tuberculosis	128	70	5	47	11	261
Gonorrhea	411	209	30	133	20	803
Kahn	3054	1332	92	688		5166
Water: Colon				101		101
Water: Count		28		105		133
Milk	116	282	200	517	30	1145
Miscellaneous	145	53	7	58	17	280
	<u>7004</u>	<u>2947</u>	<u>503</u>	<u>2023</u>	<u>807</u>	<u>13284</u>

Specimen Containers Distributed 10644

Biological Products Distributed

Diphtheria Antitoxin	10,000 units	87 Packages
	5,000 units	38 Packages
Toxin Antitoxin		6216 C. C.
Schick		2738 Tests
Toxoid		450 C. C.
Tetanus Antitoxin	20,000 units	16 Packages
	10,000 units	12 Packages
	1,500 units	964 Packages
Typhoid Vaccine		1269 Treatments
Vaccine Virus		3910 Capillaries
Anaerobic Virus	100 c. c.	8 Packages
	10 c. c.	10 Packages
Antimeningococcus Serum		16 Cylinders
Antirabic Virus		44 Treatments
Carbon Tetrachloride		2459 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****LEON COUNTY UNIT ESTABLISHED**

All members of the new Leon County Health Unit were on hand January 1st ready for work. On the second they were introduced to members of the Board of County Commissioners and presented before the City Commissioner where they were formally accepted.

Dr. L. J. Graves, formerly health officer of Franklin County, Alabama, is the director of the unit.

Miss Helen Farrow, R. N., recently employed by the Leon County Welfare Association and the Red Cross, is one of the nurses.

Irene O'Dell McGreen, R. N. (colored) will do the public health nursing among the colored people. She was recently with the State Board of Health and was detailed to work in Leon County on September 1, 1930.

Another white nurse will be added to the unit later.

Ford L. Thompson, formerly Tallahassee City Health Officer, is the city sanitary officer of the unit, and Wm. R. Hendrix, formerly county sanitary officer of Rutherford County, Tennessee, will look after rural sanitation.

TAYLOR COUNTY HEALTH UNIT NEWS

Dr. W. H. Y. Smith reports progress in the physical examination of school children. In this he has been assisted by Miss Martha Waltmire, County Nurse, who is visiting the parents in their homes to point out the desirability of correcting certain defects that have been found. Miss Waltmire has also been doing prenatal work.

Mr. W. C. Folsom, the sanitary officer, is gradually building up interest in sanitation through his privy construction demonstrations.

A Dangerous Practice

Diphtheria patients or persons with symptoms of diphtheria should be put immediately to bed and the doctor should come to see the patient. Never should a child or anyone with sore throat, hoarseness, fever or "croup" be loaded into a car and jolted over the highway to the doctor's office. Not only is this likely to spread infectious disease but it is most dangerous for the patient whose chance to recover may be lost on account of the effort of the trip.

Every now and then there is reported to the State Board of Health a death from diphtheria where the chief contributing cause of death is "a trip to the doctor's office" (or to the offices of several doctors).

Unless there is some very good reason, a person with acute illness should never travel.

BUREAU OF COMMUNICABLE DISEASES

Doctors Reporting

Again the doctors are reminded that forty diseases have been designated by the State Board of Health as reportable. These are listed on the report card which is furnished on request and is carried free in the mails. Doctor, please give us your cooperation and report your reportable diseases. Names are not published. We must know where and when these diseases occur if we are to do anything about their control.

Malaria

Right now, before the next breeding season for malaria-carrying mosquitoes, is the time to get the chronic cases cured up by adequate treatment.

Screening

Ninety per cent or more of our malaria would be prevented if our homes were mosquito-proofed. This would save enough from the cost of sickness to buy a lot of gasoline and some tickets to the movies.

DEFINITIONS

VACCINATION—A term originally applied to the process of inoculation with the virus of kine pox and producing immunity to small-pox. The word is now loosely applied to other immunizing treatments.

SCHICK TEST—This is to determine whether a person is immune to diphtheria. A minute amount of toxin is injected between the layers of the skin and a red spot appears in persons not immune.

TOXIN-ANTITOXIN—A mixture of diphtheria toxin with a small amount of antitoxin. Three injections will render about 90% of susceptible persons immune to diphtheria.

TOXOID—Diphtheria toxin modified by chemical treatment, used like toxin-antitoxin for children under six. Two injections are given a month apart. Three injections may be given, one a week.

TYPHOID BACTERIN—This is the material of which three "shots" are given to prevent typhoid fever. It is a suspension of killed typhoid bacteria and is sometimes called typhoid vaccine.

SERUM—This is the clear, liquid part of any blood and its usefulness depends on the antitoxin or other specific protective substance it may contain. The best known examples are diphtheria and tetanus antitoxin. There are also serums for meningitis, measles, scarlet fever, plague, etc.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

LAST CALL FOR 1930!



To be first is the ambition of all. Effort must be put forth to excel. In the January Journal of the American Public Health Association, page 70, the following appears: "The average infant mortality rate for the birth registration area for 1928 was 67.7; Florida, with a rate of 67.2 was the only Southern state that was better than the average." What made this statement possible? How did the writer in the American Journal of Public Health and the Nation's Health learn that Florida's infant mortality rate for 1928 was first among Southern states in the birth registration area?

The burdensome and painstaking work of filing birth and death certificates is responsible for the possibility of the statement just quoted. We are justly proud of the progress made in compiling records for Florida. Those who have contributed should be highly commended—practicing physicians who give of their time to the filling out of birth certificates and completing the medical certificate in cases of death, the funeral director who gives generously of his time to have the death certificate completed before applying for his burial permit, midwives who attend thirty-four per cent of all births in the state and local registrars who are working so faithfully to see that the reports are all filed. The supreme importance in filing a birth or a death certificate is seldom realized at the time it becomes a record. However, when the question of citizenship arises; when proof is demanded of heirs claiming estates, veterans' compensation, life insurance; when statements are made regarding the health conditions in the state, it is then realized with appreciation what has actually taken place.

The books are about to be closed for 1930 and annual tabulations begun. Every effort should be made to see that all delayed birth and death certificates are filed immediately. **LAST CALL FOR 1930.** Please give this your immediate attention and **RUSH** in every outstanding certificate.

NOTELETS

Florida Health Notes, the official bulletin of the State Board of Health, was established in July, 1892. In Volume I is found under the caption "Notelets" various and sundry news items setting forth in concise and snappy paragraphs information concerning health activities. Beginning with this issue, Notelets have been re-established and the readers of this publication may anticipate interesting items following each writer's text.

Announcement was made recently of the arrival of a son in the home of Mr. and Mrs. F. T. Johnson. Mr. Johnson is local registrar for the Miami district.

"Ignorance of the laws of health has conscripted more people for the grave than all the battle fields of the world."

—Florida Health Notes, July, 1892.

BUREAU OF VITAL STATISTICS

NOTELETS

A very attractive Florida gift is offered to the readers of Health Notes by the Commissioner of Agriculture, "Florida Fruits and Vegetables in the Family Menu." This bulletin contains one hundred pages of which sixteen are illustrated and eight of these in color. The bulletin also contains a discussion of Florida's winter season production, hundreds of tested recipes for utilization of fruits and vegetables and menus to include fruits and vegetables. Write to the Commissioner of Agriculture, Tallahassee, Florida, for your copy.

"The healthy know not of their health, but only the sick."

—Thomas Carlyle

Crooked teeth are more easily straightened at a very early age, says Hygeia in the January number. The teeth are better adjusted before the adjacent teeth begin to crowd closer to them, taking up the surplus space.

Two important dates have been mentioned by the State Board of Public Welfare. You are urged to attend, if possible, the Institute on Social Problems, March 23rd and 24th and the State Conference of Social Work, March 23rd and 26th at Tallahassee, Florida.

MONTHLY REPORT — CERTAIN DISEASES

The following tables indicate the number of deaths from certain diseases by months, for 1930 as compared with the previous year. (Provisional figures.)

TYPHOID DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1930	10	5	5	3	5	8	6	8	10	3	2	65		
1929	2	4	6	11	8	11	13	7	4	6	5	77	6	83

MALARIA DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1930	17	16	14	19	16	21	41	49	41	46	21	301		
1929	24	7	15	14	30	40	65	59	72	71	40	437	33	470

DIPHTHERIA DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1930	6	6	4	3	3	5	2	4	3	12	15	63		
1929	8	6	3	3	3	1	1	8	10	6	6	55	12	67

TUBERCULOSIS DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1930	85	89	102	95	92	74	87	73	64	82	77	920		
1929	81	109	88	85	81	76	88	82	71	80	87	928	86	1014

BUREAU OF VITAL STATISTICS

 PROVISIONAL MORTALITY FOR NOVEMBER, *1930
 AS COMPARED WITH SAME PERIOD PREVIOUS YEAR

Inter- national List No. (1929)	F L O R I D A	NUMBER OF DEATHS					
		November, 1930			November, 1929		
		Total	White	Col.	Total	White	Col.
GENERAL MORTALITY (ALL AGES)							
1-200	ALL CAUSES	1467	860	607	1415	857	558
1-2	Typhoid	2	1	1	5	1	4
6	Smallpox						
7	Measles	1	1				
8	Scarlet fever	1	1				
9	Whooping cough	2	1	1	2	2	
10	Diphtheria	15	11	4	6	5	1
11	Influenza	29	17	12	32	16	16
16	Acute anterior poliomyelitis	1		1			
17	Lethargic encephalitis				2	2	
18	Meningococcus meningitis				1	1	
23-32	Tuberculosis—all forms	82	29	53	87	36	51
38	Malaria	30	18	12	40	24	16
45-53	Cancer—all forms	80	61	19	79	59	20
62	Pellagra	19	6	13	23	8	15
59	Diabetes mellitus	15	13	2	12	8	4
78-89	Diseases of the nervous system	176	102	74	138	85	53
82	Cerebral hemorrhage, apoplexy	150	84	66	98	56	42
90-103	Diseases of the circulatory system	265	174	91	222	140	82
90-95	Diseases of the heart	238	154	84	204	126	78
104-114	Diseases of the respiratory system	85	43	42	86	49	37
107-109	Pneumonia—all forms	61	30	31	75	42	33
115-129	Diseases of the digestive system	109	57	52	128	79	49
119	Diarrhea and enteritis (under 2 years)	15	8	7	19	11	8
130-139	Nonvenereal diseases genitourinary system	153	99	54	168	107	61
130-132	Nephritis—all forms	140	89	51	141	93	48
140-150	The puerperal state	22	11	11	20	16	4
203 B	Automobile and motorcycle accidents	48	39	9	43	36	7
INFANT MORTALITY							
Number of LIVE BIRTHS		2284	1573	711	2325	1588	737
Number of STILLBIRTHS		155	61	94	135	67	68
Number of DEATHS under 1 year (all causes)		147	65	82	127	72	55
By cause: (deaths under 1 year)							
1-44, exc. 11, 23, 32a	Infectious diseases	12	4	8	9	6	3
11, 23, 32a, 104-114	Respiratory diseases	22	7	15	17	8	9
118, 119	Gastro-intestinal diseases	11	5	6	13	5	8
157-161	Malformations & early inf.	80	40	40	62	38	24
159	Premature birth	46	23	23	37	24	13
160	Injury at birth	9	6	3	7	4	3

* Includes delayed certificates.

SICKNESS IS THE MOST POWERFUL ALLY OF HARD TIMES





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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

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Vol. 23

MARCH, 1931

No. 3

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

FIELD NOTES — *Filby*

NEW ACTIVITIES — *Hanson*

BUREAU PROGRAM — *Brink*

MIDWIFE SURVEY — *Blachly*

LOCKING THE STABLE — *Eaton*

MARRIAGES, DIVORCES AND ANNULMENTS — *Thompson*

HENRY HANSON, M. D., STATE HEALTH OFFICER
Also Executive Officer and Secretary of Board.

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

NEW ACTIVITIES

The State Board of Health has constantly looked forward to establishing any new activities which might result in benefit to the general health conditions of the state. It is not the intention to give out an impression that we are in desperate straits as a result of a general prevalence of disease. On the whole, our health conditions are comparatively satisfactory. As has been stated several times in Health Notes, we have certain conditions prevailing principally in the rural communities which interfere with the economic well-being of our rural population. The agricultural people form the backbone of most states and this is also true of Florida. All new State Board of Health activities are added for the purpose of removing handicaps which interfere with the economic development.

Some time ago, through a cooperative arrangement with the Children's Bureau, an obstetrical course was offered to the physicians of the state. This course is now more than ninety per cent completed. There has been a general expression of both praise and approval of this course and the physicians who have availed themselves of the opportunity feel that it is one of the most beneficial efforts made by the Health Department for the physician.

Recently, the U. S. Public Health Service detailed an officer to assist in the formation of county health units. In addition to detailing this officer, they provided funds which he might allot to any county wishing to develop such a unit. Two counties, namely, Taylor and Leon, have already availed themselves of this privilege and are developing a very satisfactory and creditable health program. Later, the Public Health Service offered the State Board of Health the services of a specialist in milk and dairy sanitation. After a conference with the State Milk Inspector of the Department of Agriculture, this milk specialist started in on a general survey of the prevailing milk situation throughout the state and will make available recommendations for improvement for the use of both the State Board of Health and the Department of Agriculture.

Soon after the Florida Power Company began construction of a dam for impounding the Ocklocknee River water, Dr. L. L. Williams, Jr., Mr. W. H. W. Komp and other representatives of the U. S. Public Health Service assisted the State Board of Health in making a study of the prevalence of malaria in the area and the effect of extension of the Florida Power Company's operations on the incidence of malaria in this area. Dr. T. H. D. Griffiths (malaria expert of the Federal Health Service) will continue the studies around Lake Talquin which was formed by impounding of the Ocklocknee River water.

ADMINISTRATION

Recently, the Rockefeller Foundation offered the services of their experts for a study of the malaria situation within the State of Florida. A conference between the State Health Officer and Dr. Mark F. Boyd, malariologist of the Foundation, resulted in the establishment of the Malaria Research Division of the Board with headquarters in Tallahassee. The first section to be studied will be what has been designated as the Apalachicola-Suwannee River area. This division will take up for investigation several important phases of the malaria problem. Among other studies to be undertaken will be the "flow of incidence" of malaria, that is, the increase of the disease during certain periods of years and its practical disappearance at times from areas where it has been prevalent.

Cage breeding of *Anopheles* mosquitoes will be carried on in order to observe their habits of feeding and reproduction.

Laboratory space has been promised by the State College at Tallahassee and it is possible that additional facilities may be obtained at the Hospital for the Insane at Chattahoochee. Since malaria is one of the greatest handicaps of our agriculturists, we are looking forward to the fruits of this research as a means of very materially affecting the economic development for the better.

NOTELETS

Alachua County is first of the counties of the state to set up a County Health Council in accordance with the plan worked out by the State Health Council. It has adopted the Constitution recommended by the State Health Council. Any other counties interest-

ed in a council and in the findings and recommendations of the White House Conference on Child Health and Protection, are invited to correspond with Dr. L. M. Bristol, Chairman Committee on Organization, Gainesville, Florida.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Lucile Spire Blachly, M. D., Director

MIDWIFE SURVEY, 1931

In last month's Health Notes, we quoted from the report of the Sub-Committee on the Training of Midwives of the White House Conference on Child Health and Protection to show the present consensus of opinion concerning the midwife problem and from records of the State Board of Health to show in general what has been done in this state in an effort to improve conditions. In this article, we shall outline briefly recent tentative plans for furthering this work.

Present Instruction and Supervision Inadequate. It is obvious that a single annual visit from the staff nurse with the maximum number of periods of instruction limited to four is entirely inadequate for the effective education and control of a midwife even though she were cap-

CHILD HYGIENE AND PUBLIC HEALTH NURSING

able and conscientious to begin with. She must be kept abreast of the times. Likewise, it is obvious that until a law, carrying a penalty for its infringement, is passed, legalizing midwifery, the state is helpless to protect itself from those midwives, probably few in number, who, either ignorantly or purposely, are resorting to practices not approved. In order to overcome these deficiencies, insofar as possible, plans have been worked out for joint supervision and instruction in those counties and cities having local health authorities, doctors or nurses, who are willing to share this responsibility. Before, however, this joint responsibility can be intelligently shared, it was felt advisable to have more data than we now have.

The 1931 Fact Finding Midwife Survey. Plans have been made and are now being executed to carry on an intensive state-wide fact finding survey of the midwives. All the members of the state staff of nurses are now at work on this survey. The survey is being directed and the findings tabulated by Miss Joyce Ely, state staff nurse.

Joint Activities. To a certain extent, the survey and the shift in supervision and instruction is being carried on simultaneously. The work is going on in the following manner: On entering a county, the nurse secures the signature of the local nurse who elects to share the responsibility of the supervision and instruction of the midwives. (In those counties having a health officer, this nurse is designated by him.) Together, the nurses make arrangements to call all the known midwives to a central meeting or to group meetings over the county. In the meantime, they obtain permission from the local registrar to list the names of all babies, live and still births, reported by others than licensed midwives and physicians. (This is to aid in finding the practicing midwives who have been missed in previous surveys and classes.) A note is made of the number of births reported in 1930 by each midwife; also such information as can be had is secured regarding the deaths of those mothers who have used midwives at the time of confinement. When the midwives meet, all the old certificates and the obsolete manual for midwives are taken up and a new manual and a renewal certificate issued. All bags are inspected and arrangements are made for the midwives to meet the local nurse for further instruction at a not remote date. Each midwife is instructed then and there in the use of the pledge card whereby she pledges herself as soon as her services are arranged for to use her best efforts to get her patient examined at once by the private or clinic doctor in order to find if her blood, blood pressure and urine are in good condition and to carry out insofar as possible the doctor's directions. She likewise is instructed to have her patient sign her part of the card in which the patient pledges herself to follow the advice and instructions of the midwife. (This is the method being used by Dr. G. N. MacDonell, Chief of the Division of Health of Miami, with satisfactory results.) This pledge card goes at once to the local nurse who sends the name and address of the patient to the Bureau, whereupon the Bureau sends the

CHILD HYGIENE AND PUBLIC HEALTH NURSING

appropriate prenatal letters to the prospective mother. As the work develops the local nurse, with the aid of this Bureau, will get these patients and the midwives together in classes and instruct them in the care of themselves and their babies.

The Personal Data Card calls for the name, address, sex, color, marital state, age, academic education, professional education, experience, other occupation, disease history, dates of last license, last instruction, and names and addresses of local doctors relied upon when needed. After all the midwives, certified and uncertified, have been contacted, (a special intensive drive is on to locate uncertified midwives) the nurse calls on the several doctors listed and obtains from them such further data as the present physical condition of the midwife, her character, and advice as to whether or not in their opinion she should be certified to practice, should be given further training by the state and local nurse, or whether she should be given a scholarship in midwifery, should such become available. The above applies particularly to approximately one-third of the counties which have at least an established county public health nurse. In those counties having no nurse, the plan is modified accordingly. From the data secured in this intensive midwife survey further plans will be worked out for the improvement of the instruction, supervision and control of the midwives.

PLEDGE CARD

(To be used only in those counties having Local Midwife Supervisor.)

Form A

(To be Filled Out by the Patient)

Having engaged....., a licensed midwife to attend me during confinement, I agree to carefully follow her advice and instructions in order that I may come to term in the best possible condition and that my unborn child may have the best start in life.

Form B

(To be Filled Out by the Midwife)

Dear.....
Local Midwife Supervisor.

Having been engaged as a midwife to attend the mother mentioned above, I hereby promise I shall use my best efforts to get her properly examined by a private physician or at the city clinic to find if her blood, blood pressure and urine are in good condition. I further agree to see that the physician's orders are carried out by her and to faithfully watch after her so that both she and the unborn child will come to labor in the best possible condition.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****LOCKING THE STABLE**

Within the three weeks preceding the writing of this note, more than forty persons in a rather narrowly circumscribed region in Florida have found it advisable to take the Pasteur prophylactic treatment because they had been bitten by rabid dogs or otherwise exposed to this disease. Each full course of the Pasteur treatment involves not less than fourteen injections making a total of nearly six hundred hypodermic injections given to protect these persons against a dangerous infection.

A careful survey of the situation discloses the fact that all of these treatments could have been avoided by the giving of a single prophylactic injection to the right dog for all the cases seem to have been traced to one animal. It would have been impossible, of course, to pick out the dog that was going to contract rabies and protect it, but it is not difficult to see the advantage that would have resulted from giving the whole six hundred injections to as many dogs in that region. This particular series of exposures to the disease would have been prevented and all the trouble, annoyance, expense and emotional strain would have been obviated.

But of more importance than these things would have been the increased safety of the whole community. It must be remembered that the dogs in this region are just as susceptible to rabies as they were before all this happened for unfortunately the process does not work backward. And because of the unprotected dogs, the whole community, including even those who have just taken the treatment, is in exactly the same danger it was in before this incident occurred. That is to say, if another rabid dog gets into this community there is no reason why even those who have just taken the treatment may not have to take it again.

Just at this point you may say, "Why the inconsistency? If one injection will protect a dog for one year why will not fourteen injections protect a human being for as long or longer?"

It is not so inconsistent as it sounds. The dog dose of the treatment is considerably stronger than we would care to use on a human being, yet we have not heard of its having any ill effect on any dog. Laboratory experiments have shown that it is effective in from eighty-five to ninety per cent of cases that have been tested.

There is a considerable difference in the populations involved. One could not reasonably compare whole number of dogs in a community, sick and well, but not definitely infected with rabies, with a selected group of the human population all of whom have been bitten by a dog or dogs known definitely to be suffering from rabies.

BUREAU OF DIAGNOSTIC LABORATORIES

And then there is the difference between the dog and the human being. So far as human cases are concerned, it has been known for more than a hundred years that not more than one out of every six persons bitten by an animal known to be infectious will develop rabies unless the bites are about the head. This has been attributed to the wiping of the virus from the teeth of the dog by the clothing. In the case of the dog, the hair is even more effective in this regard.

But in the human cases, we dare not depend on these favorable odds. We must treat every case bitten by an animal known to be rabid even though in five cases out of six the treatment is unnecessary. And this reasoning applies to those persons who have just taken the treatment. For anything we know about it, they may be immune for life but we dare not assume that they are.

We believe in the largest possible degree of individual liberty that does not infringe the rights of others. If a majority of the citizens of Florida would rather take the Pasteur treatment themselves than have it administered to their dogs, this choice is clearly within their right, but it seems to us a selfish way of looking at the matter because it does not consider the rights of the dogs at all.

Statewide immunization of dogs against rabies once a year would accomplish several things. In the first place, it would protect the dogs of the state from a disease that they probably do not enjoy any more than a man would enjoy it. In the second place, it would protect the farmers of the state from the unknown but undoubtedly large financial loss to which they are subjected because of the tendency of rabid dogs to bite cattle. In the third place, it would save the state several thousand dollars per year now expended for antirabic virus.

And last, but not least, it would obviate the physical and mental discomfort incident to the administration of the treatment to the human beings who are unfortunately exposed to the disease.

SUMMARY OF WORK DONE DURING JANUARY, 1931.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	3571	961	83	231	651	5497
Diphtheria	929	187	102	197	21	1436
Typhoid	254	78	45	56	39	472
Malaria	252	122	31	11	80	496
Rabies	12	4		2		18
Tuberculosis	200	98	5	40	9	352
Gonorrhea	366	210	15	142	39	772
Kahn	3671	1607	105	708	35	6126
Water		28		184	2	214
Milk	143	288	117	572	36	1156
Miscellaneous	128	28	13	734	23	926
	9526	3611	516	2877	935	17465

BUREAU OF DIAGNOSTIC LABORATORIES

Specimen Containers Distributed 10974

Biological Products Distributed

Diphtheria Antitoxin	10,000 units	143 Packages
	5,000 units	17 Packages
Toxin Antitoxin		14586 C. C.
Schick		6270 Tests
Toxoid		900 C. C.
Tetanus Antitoxin	20,000 units	30 Packages
	10,000 units	38 Packages
	1,500 units	577 Packages
Typhoid Vaccine		1945 Treatments
Vaccine Virus		3990 Capillaries
Anaerobic Virus	100 c.c.	4 Packages
Antimeningococcus Serum		17 Cylinders
Antirabic Virus		49 Treatments
Carbon Tetrachloride		3850 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

GILBERT ARTHUR RENNEY

Since 1926, Gilbert Arthur Renney has been district sanitary officer for the Bureau in the District centering around Punta Gorda, Florida. His work has been the usual work of the field force—the problems of community sanitation, disaster relief, education in public health matters, etc. Failing health caused him to enter the Orlando-Florida Sanitarium in November, 1930, and from there, on February 11th, he passed to the Great Beyond. In his district his friends were legion. Everyone with whom he came in contact knew and liked "Gil", as he was affectionately called; to those of us in more intimate contact, he was noted for his marked devotion to duty and unswerving trustfulness. No detail was too trivial, no task too great but that "Gil" cheerfully carried on. The Bureau lost a worthy worker, the staff a guiding spirit when from this Life's stage, Gil Renney made his exit.

FIELD NOTES

District 4, formerly handled by Sanitary Officer Renney, has been split up between Officers Broughman, Osburn and Reed. Mr. Reed takes Glades, Hendry and Collier Counties. Mr. Osburn takes De-Soto, Hardee, Lee, Charlotte, Manatee and Sarasota and yields the

BUREAU OF ENGINEERING

ridge section of Polk County to Mr. Broughman, who also takes Okeechobee and Highlands Counties. Mr. Renney will not be replaced pending the action of the coming session of the Legislature with regard to appropriations.

Water Works School and Meeting

The Florida Section of the American Water Works Association will meet on March 31st, April 1, 2 and 3, at West Palm Beach. Headquarters will be at the El Verano Hotel and sessions held there and at the filtration plant of the West Palm Beach Water Company.

Through the cooperation of the University of Florida, the Extension Division will again conduct a short course school for water plant operators during the first two days of the meeting, March 31st, April 1st. This will be the second annual course, the first having been given at Gainesville last year. Professor A. P. Black will again have charge of the course and is also chairman of the convention section.

An excellent program for all phases of water works operation is being prepared and detailed information can be had by addressing the writer who is secretary of the Section. There is no charge for the short course; only a registration fee covering meals and entertainment for the convention.

Florida Anti-Mosquito Association Meeting

April 16-17 are the dates for the annual gathering of the mosquito chasers of Florida.

The place is Perry, over in Taylor County, where one of the first big drainage projects for malaria control was established.

Our friend, Mayor Brandon of Perry, invited all interested in mosquito eradication and malaria control to gather at the meeting. Physicians engaged in timber company operations are especially urged to attend. Our old friends, Dr. L. L. Williams, Dr. T. H. D. Griffiths, Entomologist F. C. Bishopp, "Mosquito Will" Fee, Alec MacWilliam and a host of others have promised our detective president, the Hon. William J. Burns, to be present and he has agreed to return from Hollywood, California, for the meeting. It looks like a banner meeting. Plan on being there.

Headquarters: Dixie Taylor Hotel, Perry, Florida. April 16-17.

The City of Jacksonville has employed Mr. H. D. Peters, former assistant engineer of the State Board of Health of Missouri, as city sanitary engineer. Mr. Peters is connected with the City Board of Health under Dr. N. A. Upchurch and will have charge of sanitary inspection and similar work. Mr. Peters' predecessor, Nelson M. Fuller, is at present connected with the Catteraugus County, Olean, New York Health Department.

BUREAU OF ENGINEERING

We welcome to Florida the staff of the U. S. Department of Agriculture, Bureau of Entomology, Delta Laboratory, for this laboratory has moved from Mound, Louisiana, to Orlando, Florida. Under direction of Dr. W. V. King, who is now in the Philippines, this laboratory has been studying malaria-transmitting mosquitoes and their control for some years. They will continue their studies embracing various mosquitoes affecting man and animals in central Florida. Already several years' studies have been carried on at Zellwood, Florida, by Mr. T. A. McNeel on the life cycle, etc., of *Mansonia perturbans*, a very troublesome mosquito in central Florida. Work will be under the general direction of F. C. Bishopp, principal entomologist in charge of investigations of insects affecting man and animals, and under immediate control of Entomologist G. H. Bradley. The laboratory is established with present citrus fruits laboratory at Orlando, Post Office Box 491. We extend a hearty welcome to these men.

Lake Worth has felt the pinch of winter demand on her water supply and has resorted to an auxiliary supply from the Southeastern Ice and Cold Storage Company plant. Waste condenser water is picked up and pumped into the mains with the excess flowing to waste in a nearby ditch. The water is from two 55-foot wells, one eight inches and one six inches in diameter. No treatment is given the water although the main city supply is chlorinated. Iron is a problem in the city.

Delray Beach has put the finishing touches to its new shallow well: aeration, coke contact, iron removal plant, by covering the reservoir. This plant, designed by George Main of Daytona Beach, had the final storage reservoir open with resultant growths. The cover is a 12-sided figure with a 6-inch screened vent around the entire bottom; a hexagon top with louvred screened vents about 3 feet high tops the cover. Thus, the full benefit of the aeration is obtained. Hatches in the roof allow for entrance. It is felt that this will eliminate many of the open reservoir growths and protect the quality of the water. A new steel tower and beautifying shrubbery make the water plant an attractive place. The Engineering Bureau of the State Board of Health wishes there were more men of Mr. Lott Smith's calibre on city councils.

Arcadia is planning to say goodbye to redworm troubles in its water supply by covering its large open reservoir with a substantial wooden cover. A recent visit revealed the storage reservoir dry and bottom cracks being repaired and supports for the roof trusses being poured. More and more cities are learning that it pays to keep water and sunlight apart. Microscopic growths seldom are bothersome in darkened reservoirs. All parts of a water works plant and system should be kept clean; a covered reservoir helps a lot. Work in Arcadia is under the active leadership of Mayor P. P. Speer. The city last year completed a flowing well which spills over a hat type wooden aerator into the reservoir. Thus, only one pumping of the water is necessary. No treatment other than aeration and storage is necessary.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****PROGRAM OF THE BUREAU***

In the program of the Bureau of Communicable Diseases, there has been no recent radical change nor is any contemplated. We feel that our procedure is sound and the results speak for themselves.

On account of the size of the medical officers' districts and the press of other equally important duties, their investigations of communicable disease outbreaks are limited to those that are particularly serious by virtue of the number of cases, the severity of the infection or the lack of local medical or official health supervision. For the most part, the State Board of Health has had excellent cooperation from physicians and public health nurses in the communicable disease studies that have been made. This attitude is much appreciated and we are confident that it will continue. Among the more important investigations are the studies of typhoid epidemiology. If the sources of food, milk, ice cream and water during the three weeks prior to the onset can be ascertained for a number of typhoid patients, the source of infection may be determined or at least suspected. Fortunately, or unfortunately, there has been a notable lack of material in Florida during recent years for that kind of investigation.

In the immediate control of diphtheria, we shall continue to rely on the isolation of the patient, culturing of contacts and isolation of carriers. Much good will result from strict compliance with the rule requiring that no case or carrier shall be released until two consecutive nose and throat specimens have been examined in an approved laboratory and no diphtheria organisms found.

For smallpox control, we still depend on vaccination and as an aid in promoting this we rely on publicity and education. Isolation of the patients helps retard the spread of smallpox but alone it never did and never will prevent. This has been tried and has always proven ineffective, all claims to the contrary notwithstanding.

Venereal disease control must come about through education in social hygiene and treatment of promiscuous patients sufficient to render them non-infectious.

The spread of other communicable diseases is retarded, if not prevented, by isolating all recognized cases during the period of communicability. The protection of the smaller children from exposure to measles will reduce the number of deaths from this supposedly mild and non-fatal disease. Until a specific control measure is found, most people will have measles sooner or later. It is not measles but its complications, such as pneumonia and bronchitis that kill. It spreads so extensively that, in spite of a low fatality rate, many deaths are charged to this disease.

*Read before the State Health Conference, Jacksonville, Fla., Dec. 9, 1930.

BUREAU OF COMMUNICABLE DISEASES

Our Schick testing, the administration of T-A, toxoid and typhoid bacterin and our smallpox vaccinating must go on. The question whether this should be done by the health officer or the practicing physician is still being argued. The ideal way to get it is from the family physician but until we find a way to bring that about, we dare not leave off doing it ourselves.

In Detroit, the City Health Department has succeeded fairly well but by methods we cannot adopt at present. They send a letter to the parents when the baby is six months old. They employ nurses to make home visits and urge the parents to go to their doctors with the children. They spend about \$40,000.00 per annum to pay doctors for giving T-A to the children of indigent parents. Those who discussed the Detroit program as presented at the American Public Health Association in Fort Worth expressed freely their belief that it would not meet with equal success in other places and under other conditions. We shall keep on urging the parents to go to their own doctors for immunizations and urging doctors to do this work and when they get to doing it, we will turn our attention to other important health measures.

The district medical officers have worked diligently as they are expected to do. In addition to their other duties and in a spirit of cheerful helpfulness they have examined a great many school children. For this they have been criticized. Some say they have tried to do too much while others complain because they do not do enough.

No school is given a place on the accredited list by the State Department of Education unless the pupils have been examined according to the 1915 law. On this account, there has been an urgent demand for the examinations but often inadequate provision for following up to get correction of the defects found. We have felt that without this the work was merely a waste of time for the district medical officers and the school. Accordingly, a conference with the State Superintendent and his co-workers was arranged early in the fall, the problem was discussed at length and settled in this way; the State Board of Health to make no more medical examinations or nurses inspections and the work to be done, as far as possible, by local physicians during the school year. Then, if possible, provision is to be made for carrying out the purpose of the law in future years. The size of the task will be realized, if we recall that there are some 300,000 school children in Florida, only 150 school days and 100 examinations is a good day's work. It would take about twenty doctors to do the job and twice as many nurses to follow it up.

Now anyone with a practical solution of this problem will merit the gratitude of both the Board of Health and the School Department.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

MARRIAGES, DIVORCES AND ANNULMENTS



The number of marriages performed in Florida shows a decided decrease last year as compared with the previous seven years. Last year, i.e., 1930, shows a total of 17,147 marriages performed which is the lowest annual figure for any one year since 1922. For the year 1923, a total of 17,335 marriages was performed which is slightly above the total indicated for 1930. Following 1923, there is a rapid increase with a total of 28,446 for the year 1926, representing the peak. Following 1926, there has been a noticeable decrease up to and including last year.

The number of marriages performed may well be taken as an index to certain conditions in the state, one being an unusually large number of temporary residents and tourists. Many other conditions undoubtedly affected the rapid increase of marriages performed prior to 1927, but the major influence may well be attributed to the unusual influx of population.

The number of divorces and annulments granted last year, 1930, totaled 3,653, while the previous year 3,793 were granted. In 1927, 4,028 were granted. Last year's totals of marriages performed and divorces and annulments granted are tabulated by counties on the following pages.

NOTELETS

If there is no regular undertaker in charge, the person who acts as undertaker should sign the death certificate. The space provided for the signature of the undertaker should never be left blank and by all means, "none" should not appear in this space. If there is no regular undertaker in charge, the person acting as undertaker should sign.

The vitamin C that is destroyed by the boiling of pasteurized milk, as it should be prepared for infants, may be replaced by the addition of orange juice and tomato juice to the diet, says HY-GEIA.

Provisional figures for last year show 325 deaths from malaria in the state as compared with a total of 470 for the previous year. Although the total of 325 deaths from this disease may be changed slightly to take care of delayed certificates, the final figures will

show a much smaller loss by death from malaria in 1930 than for the previous year.

Announcement has just been received to the effect that the Sixtieth Annual Meeting of the American Public Health Association will be held in Montreal, Quebec, September 14-17. The Windsor Hotel will be headquarters.

The response to our "Extra. Special Notice" to local registrars in February for a complete round-up of outstanding birth and death certificates has been very gratifying.

Freshly baked bread is not as readily digestible as stale bread, says HY-GEIA. The fresh bread remains in a solid lump when it is swallowed, and not so much surface is exposed to the digestive secretions.

BUREAU OF VITAL STATISTICS

Marriages Performed, (by Color) Divorces and Annulments Granted,
by Counties—1930.

COUNTIES	MARRIAGES				DISSOLUTIONS	
	Total	White	Colored	Unknown	Divorces	Annulments
0. State.....	17,147	10,428	5,396	1,323	3,632	21
1. Alachua.....	393	172	218	3	55	0
2. Baker.....	253	222	28	3	15	0
3. Bay.....	117	81	36	0	10	1
4. Bradford.....	143	98	45	0	12	0
5. Brevard.....	135	75	59	1	27	0
6. Broward.....	614	489	125	0	33	0
7. Calhoun.....	88	68	19	1	5	0
55. Charlotte.....	98	80	18	0	8	0
8. Citrus.....	87	59	28	0	11	0
9. Clay.....	135	103	32	0	4	1
62. Collier.....	16	12	4	0	0	0
10. Columbia.....	221	127	94	0	32	1
11. Dade.....	1,229	903	326	0	581	6
12. DeSoto.....	90	73	17	0	7	0
56. *Dixie.....	121	2	0	119	11	0
13. Duval.....	1,604	1,002	600	2	653	1
14. Escambia.....	591	388	189	14	160	2
53. Flagler.....	68	44	24	0	3	0
15. Franklin.....	46	21	24	1	4	0
16. Gadsden.....	322	122	198	2	14	0
64. Gilchrist.....	48	34	13	1	1	0
57. Glades.....	48	20	27	1	8	0
65. Gulf.....	43	18	25	0	2	0
17. Hamilton.....	196	87	34	75	16	0
58. Hardee.....	150	104	46	0	14	0
63. Hendry.....	24	12	7	5	8	1
18. Hernando.....	91	78	13	0	10	0
59. Highlands.....	102	60	42	0	11	0
19. Hillsboro.....	1,512	1,193	317	2	536	0
20. Holmes.....	156	123	22	11	15	0
66. Indian River.....	90	51	39	0	12	0
21. Jackson.....	329	13	30	286	29	0
22. Jefferson.....	182	70	109	3	11	0
23. *Lafayette.....	75	1	0	74	4	0
24. Lake.....	249	138	111	0	40	0

BUREAU OF VITAL STATISTICS

Marriages Performed, (by Color), Divorces and Annulments Granted,
by Counties—1930 (Continued)

COUNTIES	MARRIAGES				DISSOLUTIONS	
	Total	White	Colored	Unknown	Divorces	Annulments
25. Lee.....	153	101	52	0	35	0
26. Leon.....	259	92	166	1	48	0
27. Levy.....	140	71	69	0	7	0
28. Liberty.....	25	14	5	6	2	0
29. Madison.....	292	158	134	0	24	0
30. Manatee.....	246	151	93	2	19	0
31. Marion.....	304	143	160	1	43	0
67. Martin.....	83	47	34	2	16	0
32. Monroe.....	125	107	18	0	48	0
33. Nassau.....	194	130	64	0	7	0
34. Okaloosa.....	171	1	0	170	11	0
54. Okeechobee.....	58	8	3	47	5	0
35. Orange.....	449	283	166	0	123	3
36. Osceola.....	250	177	73	0	20	0
37. Palm Beach.....	494	304	184	6	126	0
38. Pasco.....	139	120	19	0	25	1
39. Pinellas.....	618	498	119	1	167	0
40. Polk.....	750	514	235	1	180	0
41. Putnam.....	226	95	131	0	16	0
42. St. Johns.....	312	200	112	0	37	0
43. St. Lucie.....	103	47	53	3	12	0
44. Santa Rosa.....	320	22	4	294	19	0
60. Sarasota.....	116	82	34	0	45	3
45. Seminole.....	279	128	150	1	54	0
46. Sumter.....	112	74	38	0	17	0
47. Suwannee.....	194	108	85	1	26	0
48. *Taylor.....	178	1	1	176	26	0
61. Union.....	84	53	30	1	6	0
49. Volusia.....	391	232	159	0	84	1
50. Wakulla.....	95	70	24	1	1	0
51. Walton.....	138	105	33	0	12	0
52. Washington.....	183	149	29	5	9	0

* Figures from County Judge—original licenses not received.



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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

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JACKSONVILLE, FLORIDA

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Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

MAY DAY — *Blachly*

MILK TESTING — *Eaton*

IT CAN BE DONE — *Brink*

ANTI-MOSQUITO MEETING — *Filby*

NEW FLORIDA PUBLIC HEALTH ASSOCIATION — *Thompson*

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(Rockefeller Foundation)

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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

HOW A COUNTY OUTWITTED TUBERCULOSIS*

— by —

Dwight S. Anderson

By methods never used before, a seven-year attack on tuberculosis has been waged by local public health authorities, teachers and physicians in the schools of Chautauqua County, New York. The aim has been to conquer tuberculosis—the foe of youth. Though the battle still continues, many lives already have been saved, and the total record of achievement stands out as a striking example for other communities to follow.

This is the way it came about. Dr. Walter L. Rathbun, one of America's leading authorities on tuberculosis, was superintendent of a tuberculosis sanatorium at Cassadaga, New York. He was sure there was a great deal of unknown tuberculosis among high school students. He knew that modern science had developed the X-ray and the tuberculin test, by the use of which the disease might be discovered early in persons showing absolutely no outward signs of ill-health. But the people of Chautauqua County did not know this, and Dr. Rathbun's first step was to convince the leaders of the community that only by the examination of every public school student—30,000 in all—could the plan of attack on tuberculosis be considered adequate.

Strange as it seems, the time to take steps against tuberculosis is before there is any real tuberculosis at all, for there are conditions which may be said to be preparatory to the disease, and the skilled physician can find these with the tuberculin test and the X-ray. Dr. Rathbun was successful in convincing the authorities in Chautauqua County that this survey of all students, regardless of their apparent condition of health, would be profitable.

So every available pupil in the county was examined—often as many as 150 a day. And here are some of the results: students were found playing on athletic teams, faces eager with apparent health, who, nevertheless, had active tuberculosis which requires complete rest for its treatment. Between three and four per cent of the school population had tuberculosis of the "childhood" type, which means that the X-ray had disclosed in their lungs certain early and slight damage done by the germs of the disease, and while this is not active adult tuberculosis at all, it is from these cases that at least fifty per cent of the fatal later type are recruited. It was found that the type of tuberculosis which kills was far more frequent in the high school group than in the lower age groups. High school students are on the threshold of the age when the disease reaches its peak—from 20 to 25 years.

*Published by request of Duval County Tuberculosis Association.

ADMINISTRATION

A high school health camp was instituted. The local Rotary Club furnished the money for the buildings, and all students with active disease were advised to go there for eight weeks in the summer. An arrangement was made so that students under treatment at the county sanatorium, the Newton Memorial Hospital, could continue their high school work with the Cassadaga High School. Teachers cooperated by preventing students with suspected disease from damage by mental or physical strain.

The knowledge of the actual condition of students, gained from this wholesale examination, disclosed those in need of special attention. As a result, during the last five years, active tuberculosis in students 15 years of age and older at school clinics, has fallen from 1.3 per cent to .84, a reduction of more than 30 per cent.

"The present tendency in schools," stated Dr. Rathbun, "is to push the students to the limit of their mental capacities; the pupil with a keen mind is urged to take on additional study loads in order to finish the grades at an earlier age. While such a plan may not compromise the well-being of healthy children, it cannot be recommended for those who are below par physically. School authorities are most cooperative in their efforts to assist those who have signs of tuberculosis, and willing to arrange a schedule that fits the physical capacity of each student. Our duty, then, is to search for those with physical disabilities and protect them from overwork.

"They must not be allowed to play competitive sports. Strenuous exercise, and excitement are heavy drains on the body reserve and frequently precipitate a breakdown. Among students who are found to have active tuberculosis, there is a larger percentage of athletes than any other class of students. Two of the most important members of a high school basketball team had active tuberculosis, found at our school clinics."

Dr. Rathbun sums up the results of his experience in these words: "Every available resource that can be spared should be devoted to the public school field, for our hope of success in the years to come rests largely on the care of the youths of today."

NOTELETS

What is the importance of health?

Can towns or cities thrive without the background of a producing rural community?

Potentially, Florida is productive but the weeds must be kept down if the corn is to grow.

Weeds growing among the corn are like preventable diseases among people.

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Lucile Spire Blachly, M. D., Director****MAY DAY—1931**

Although May Day as Child Health Day has been celebrated since 1923, this making the ninth year, we still lack county-wide organization in most of our counties. Last year, forty-seven of the sixty-seven counties reported one or more community celebrations, and in nine instances the celebrations, mostly play days, were county-wide. In not a few instances, the Blue Ribbon programs were carried out. This year, in addition to the various excellent programs such as the above, the nutritional and recreational programs of the 4-H Clubs, the school pageants and plays and other like activities, through which the children year by year are being developed into finer, happier folk, we are stressing the organization of county-wide May Day Committees.

As State May Day Chairman, I have this year assisting me, the following:

Dr. F. L. Adams, Florida State Dental Association, Tampa; Mr. J. S. Rickards, Florida Educational Association, Tallahassee; Mr. C. M. Miles, State Department of Public Instruction, Tallahassee; Miss Boletha Frojen, Florida Home Economics Association, Tallahassee; Dr. F. A. Brink, State Board of Health, Jacksonville; Mr. Sherwood Smith, Florida Tuberculosis and Health Association, Jacksonville; Miss Flavia Gleason, State Home Demonstration Agent, Tallahassee; Mrs. Inez M. Nelson, R. N., Supervisor School Health Department of Orange County, Orlando; Mrs. Florence Breed, Tuberculosis Association of Duval County, Jacksonville; Dr. Grace Whitford, Florida Federation of Women's Clubs, Ozone; Judge W. S. Criswell, Juvenile Court, Jacksonville; Miss Clio McLaughlin, R. N., State Board of Health, Jacksonville, and Mrs. J. T. Chapman, Florida Congress of Parents and Teachers, Department of Health, Ft. Myers.

Together we have asked the county May Day Chairmen to get together a committee composed of these persons: a representative from each of the state-wide organizations constituting the membership of the Florida State Health Council and in addition thereto such persons as will ultimately be the ex-officio officers of the County Health, Education and Social Welfare Councils; namely, the county health officer, (or county nurse if there is no health officer), the juvenile judge (or county judge), the county superintendent of schools, the social welfare worker, the county agent, the home demonstration agent, and a representative from the board of county commissioners.

This committee is then asked to call a meeting, preferably to hold a joint meeting with that civic club or clubs and associations (men's and women's) most interested in health, at which time talks by the chairmen of the four committees—namely, medical service, public health, education and training, and the handicapped—of the Florida State Health Council may be made.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

These talks would of necessity at such a meeting be limited to five or ten minutes each. The chairmen of these committees are Dr. T. Z. Cason, Dr. Henry Hanson, Mr. C. M. Miles and Mr. Marcus Fagg, respectively. In the event these men are unable to appear in person someone will be asked to deliver their messages for them.

These committees have been asked to meet as early in April as possible but in the event this is impossible the meetings may be held any time in May or even June.

Our plan is to get the May Day committees organized this spring so by fall when school starts each county may be fully informed so the health, education and social welfare programs of the state may be gotten under way with the least possible lost motion.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

IT CAN BE DONE*

Probably the best example of practical procedure in eradicating hookworm and malaria is revealed by the outcome in a recent Demonstration-Health-Survey made at Mill Creek, a rural community in St. Johns County.

This Demonstration-Survey was sponsored by the State Board of Health and the outcome is regarded as being of outstanding importance to all sections of the state in their fight against the two diseases, hookworm and malaria.

Mill Creek was chosen as the place of Demonstration—as representative in all respects of the average rural Florida community—with the usual handicaps of insanitary environment, and known to be a malarial district and heavily hookworm infested. A consolidated rural school is located in the center of the district which was considered the logical center to work from. The survey was made to include both community and school. Preliminary steps in the Demonstration were educational, public health talks, moving health pictures, distribution of health literature, newspaper publicity and personal conferences with parents in the homes. Homes were visited and premises and environment inspected; houses were mosquito-proofed against infectious malaria mosquitoes; sanitary toilets were built at small cost and proper hygienic living conditions were discussed by personal conference with home owners.

Physical examinations were made of the community as a whole, including entire families, pre-school, school and adult population. Examination showed a heavy incidence of malaria and a high tide of

*Prepared by the District Health Officer of District No. 1.

BUREAU OF COMMUNICABLE DISEASES

88% of hookworm infections. All hookworm cases were followed up and the disease eradicated.

Allowing an interval of several months following the Demonstration, a recent re-survey was made as a check-up on the final or end results of the original Demonstration work. It was found by re-survey; first, that the malaria incidence had dropped to a minimum; second, that hookworm cases had dropped in a period of less than 12 months from a high of 88% to a low of less than 5%. Where 88 out of 100 persons in the community had been victims of chronic hookworm disease at the beginning of the Demonstration, only 5 persons out of 100 were found at the time of the re-survey with evidence of re-infection after approximately a twelve months period of observation.

Probably one of the most striking features of the entire demonstration work as observed in the final follow-up was the marked change in the physical aspect of the people. Children previously hookworm and malaria infected and now free of disease were found to be mentally alert, rosy-cheeked and full of the vigor of health; former repeaters in the grades were found in many instances to be among the brightest pupils in the school; better nutrition and gain in bodily weight were notable; the community as a whole showed improvement in personal appearance and renewed energy and vigor in their economic activities about the homes.

The two recognized outstanding health problems in Florida today are hookworm infestation and malaria; two conditions which are sapping the life blood and productivity of our otherwise healthy, prosperous rural communities.

The experience in Mill Creek can be duplicated in every community in the state. The solution is plain; the plan is practicable extension of adequate health service to our rural population through the agency of Whole-Time County Health Units—statewide.

NOTELETS**IF WE**

Spray our peaches so they will not be wormy

Inoculate our hogs to prevent cholera

Dip our cattle to prevent tick fever.

WE SHOULD

Provide sanitary disposal of sewage so our children will not be wormy.

Inoculate our children to prevent diphtheria, typhoid and smallpox.

Screen our houses to prevent malaria.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****MILK TESTING**

I have described in these columns the technique of milk examination and feel that those who read Health Notes are more or less familiar with the general outlines of this work. A few words about the theory of sampling may be in order.

Let us assume that we have a liter (a little more than a quart) of milk which has been produced under such conditions that it contains 1,000,000 bacteria capable of growth on artificial media. If these are normal milk bacteria, and not pathogens (disease producers) this would be a very high class milk. When this sample is brought to the Laboratory, it is manifestly impossible for us to test it in such a manner as to have every one of the million bacteria develop into a visible, countable colony, so we shake it up as thoroughly as possible and take out very accurately one one-thousandth part of it or one cubic centimeter. Theoretically, we should have in this one cubic centimeter, an aliquot part of the total number of bacteria present in the whole sample. Practically, there is a chance that our small sample, one c. c., many contain anywhere from no bacteria at all to the entire million in the large sample. If we repeat this experiment a large number of times on comparable samples we will find in our small sample an average of one thousand bacteria, but this very statement means that for every time we find less than one thousand in our small sample, we must have another sample that shows more than one thousand.

The best illustration I can think of is the way in which the aces fall in dealing cards. Those who play bridge have noticed that even with the most careful shuffling and dealing any hand may contain anywhere from no aces to four aces. If the bridge player who gets a hand with no aces, had no other knowledge of the deck from which his hand had been dealt, than that furnished by his hand, and the fact that he got a fair one-fourth of said deck, he would be forced to conclude, that the original deck contained no aces at all. If he keeps a record of the aces he will find that he gets one ace more frequently than any other number. But note that if in a long run of hands he gets no hands without aces or no hands with four aces, there is something wrong with the dealing.

I have gone into this matter to show why I do not believe that it is proper to publish bacterial counts. These counts are of value only to the milk inspector who views them as the bridge player views the fall of the aces. If a certain dairyman gets a run of low or moderate counts he ought to get a high count once in a while if the sampling and Laboratory work are honestly done. If another dairyman has a con-

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sistently higher count, he ought to get a low count once in a while on milk of the same quality. No single count is of any value at all to anybody save the Milk Inspector.

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
FEBRUARY, 1931.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	3311	576	123	166	361	4537
Diphtheria	860	219	37	319	23	1458
Typhoid	257	117	44	93	46	557
Malaria	359	130	38	6	98	631
Rabies	8	5				13
Tuberculosis	217	86	7	56	19	385
Gonorrhea	427	162	22	123	26	760
Kahn	3144	1172	123	796	56	5291
Water		25		244		269
Milk	108	330	420	692	82	1632
Miscellaneous	41	2		141	1	185
	8732	2824	814	2636	712	15718

Specimen Containers Distributed 5869

Biological Products Distributed

Diphtheria Antitoxin	10,000 units	67 Packages
	5,000 units	11 Packages
Toxin Antitoxin		4513 C. C.
Schick		5510 Tests
Toxoid		30 C. C.
Tetanus Antitoxin	20,000 units	9 Packages
	10,000 units	12 Packages
	1,500 units	373 Packages
Typhoid Vaccine		12151 Treatments
Vaccine Virus		2870 Capillaries
Anaerobic Virus	100 c. c.	5 Packages
Antimeningococcus Serum		8 Cylinders
Antirabic Virus		59 Treatments
Carbon Tetrachloride		4253 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLA.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****ANTI-MOSQUITO MEETING**

This year for the first time in the eight years of its existence, the Florida Anti-Mosquito Association will meet in that portion of Florida where the control of *Anopheles* mosquitoes is the big problem. To prevent malaria, we must prevent *Anopheles* from breeding.

Perry, Florida had for years a record of high malaria incidence. It decided to fight with every weapon known to science; it put in drainage systems, oiled standing water, screened every home, and licked malaria.

But malaria is like the proverbial Salvation Army man—"down but never out" so the problem has been to keep malaria down. Modern methods are now in use at Perry and the city has united with the county, forming a County Health Department to carry the fight against malaria to the rural sections of Taylor County.

If you are interested in malaria or mosquito control of any nature, be at Perry, the Dixie Taylor Hotel, April 16th and 17th.

Actual field demonstrations of mosquito control will be put on for the man who "gets his feet wet"; for the medical man, authorities will be present to give the modern methods of medical practice in the control of malaria, "black water fever", etc. Every lumber company, every turpentine operator, every county commissioner, every physician and health worker interested, should be present. An opportunity awaits you to meet the leading authorities of America on these problems!

The City of Perry, the Taylor County Board of Commissioners, the State Board of Health, the Taylor County Health Department, and the Florida Anti-Mosquito Association urge your attendance.

FIELD NOTES

A negro orphanage, founded and nurtured by a practicing negro physician, proudly displays in the hallway a bright shiny new 2½ gallon chemical fire extinguisher. When the woman in charge was asked if she knew how to use it, she giggled and replied: "Naw suh!" Questioned further as to what she would do in case of fire, the reply was: "Send for Dr." The cooperative work of the State Board of Public Welfare and the State Board of Health has such problems.

A gusher, water, not oil, came in near Orlando the other day where a drainage well was expected, and after the water came a gas that stupefied the workmen who recovered with no ill effects when re-

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moved from the vicinity. At another well, a level gauge fluctuates as if the well were connected to an underground river which rose and fell quite regularly. Geologists scratch their heads, ponder and go after more data. The ground water conditions in Florida are an intriguing puzzle. We can even rival the "Old Faithful" Geyser of the west for at Fairvilla, near Orlando, we have a drainage well that can be made to spout as a geyser—for 10 cents per person watching!

More and more mangrove area in upper Dade has felt the axe and suction dredge activities of the so-called "Detroit Millionaires' Colony". Realtors have completed filling in several thousand acres just south of Baker's Haulover cut on the Miami Beach side. Thus do mosquito areas gradually pass into the limbo of forgotten places. Where the mangrove marched to sea, proud mortals raise monumental dwellings and structures.

Down the fairway, through the side shows, past the hot dog stands, and it is a glorious South Florida Fair. Thousands wander every day to see the marvelous exhibits, and have a good time. Often the good time consists of eating all sorts of foods, candies, etc., upsetting the usual routine, and if any of the food is tainted, or has been exposed to dirt, flies, etc., it may make the eater deathly sick. The fair grounds must be kept clean, "policed up"; toilet facilities must be adequate in number and functioning properly to accomodate peak demands. Garbage must be removed, flies kept at a minimum, food-stuffs screened, hot water available, "pink" lemonade glasses must be used but once or sterilized between times. These are a few of the services performed "behind the scenes" at Tampa and other Florida fairs by our District Sanitary Officers in cooperation with the State Hotel Commission and local health authorities.

Early last fall, far off in Arizona in the Blue Mountains, a hundred miles off a railroad, forty miles from a town, breakfast at the ranch was started with chilled Florida grapefruit sections, canned at Frost-proof in a cannery that has been inspected as to sanitation by one of our Sanitary Officers. The physical features of the plant must be such that contaminating influences are kept at a minimum; the helpers must be clean and wear clean clothing; rest rooms must be clean; flies and insects excluded, and the utensils used in preparing the fruit kept clean and sweet. The wastes must be properly disposed of; the water supply satisfactory; the processing correct so that perfect Florida fruit shall come to you even in far off Arizona, in perfect condition. Over 75 canneries are regularly inspected by our field men. These canneries pack citrus products, orange and grapefruit juices, Irish potatoes, tomatoes, beets, string beans, mixed vegetables, candied fruits, preserves, jams, etc. Clam broth, chowder and juice, shrimp, oysters and even turtles are packed for your consumption. One plant cans rabbit meat. The Food and Drug Division of the U. S. Department of Agriculture complimented the Bureau on its work.

BUREAU OF ENGINEERING

"Watchful waiting" was a term used before we entered the war. It is still in use in our bacteriological laboratory where the public water supplies of the state are examined every month—watchful waiting for the supplies that show signs of contamination, slight perhaps at first, then more regularly, for it is our duty to prevent any transmission of disease by water and the bacteriological tests are of great value when considered in the light of our knowledge of the sanitary situation about the supply. Last year a new "top" was reached when we ran 6,200 bacterial water samples. How this work has progressed we can see from the following table of examinations made:

1920—1091	1925—1173
1921—1036	1926—1770
1922— 913	1927—3300
1923— 906	1928—4820
1924— 931	1929—5600
1930—6200.	

Municipal supplies are required by regulation to submit samples every month. Do they send them in? In December they did! In January, seventeen of them failed to get samples in, in February every city sent their samples in. That's cooperation on the part of the water works men. Our hats are off to them!

School days—school days. Perhaps you remember the old school with the hickory switch in the corner and the visits of the "Board". How times have changed! But wait a moment! One of the District Sanitary Officers recently made a county school survey and school after school are just as they were years ago. One school had 120 pupils and was being taught by three teachers in a single room 20x36 feet. They had no water supply in the school and had to "tote" water from a nearby farm house. There was no privy available for either sex. The school structure was old, the floors in bad condition and the structure not ceiled. Exit doors opened inwardly and a wood stove attempted to heat the structure. We bow to the courage of the school teacher who tries to carry on under such conditions. Perhaps the State Board of Health can focus public attention to such things in this day and generation and by working with the State and local school authorities, eliminate such "dark age" conditions.

Tourist camp sanitation; inspection of sewage plants; elimination of nuisances; milk sanitation; school inspection for water supply, sewerage, fire protection, etc.; problems of garbage disposal; oyster sanitation; mosquito control; malaria prevention; drainage well control; are a few of the problems confronting the Bureau of Engineering. When Kiwanis International rolls into Miami for their convention and the railroads build another Pullman City such as they did for the Shrine Convention, you will find that a sanitary officer of the Bureau has been on the job months before, planning, and now, is on the job supervising the sanitation work of this five-day city. All in the day's work.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

THE NEW FLORIDA PUBLIC HEALTH ASSOCIATION



At the call of Dr. Henry Hanson, state health officer, an informal meeting of health workers from all parts of Florida was held in Peabody Hall, Gainesville, May 1, 1930. A much larger attendance was realized than had been anticipated and the keen interest and enthusiasm manifested were the delight of those present. It

was natural, therefore, that a suggestion to organize health workers in the state should be proposed. Dr. Henry Hanson was named temporary chairman and Dr. Stewart Thompson temporary secretary with instructions to proceed with plans for a later meeting for the purpose of launching an association which would assist in protecting and promoting public health, provide for scientific advancement of its members and extend and develop the public health movement in an association of public health workers.

A three-day meeting was, therefore, called at Jacksonville, December 8-10 at which time a most interesting and constructive program was enjoyed by something over two hundred persons from different parts of the state together with official guests from the International Health Board, United States Public Health Service, Rockefeller Foundation, American Red Cross and official delegates from health and welfare organizations of state, county, city and volunteer units. At the close of the last day's session, a Constitution and By-laws were adopted and the following officers elected: President, Dr. Henry Hanson, Jacksonville; First Vice-President, Dr. Geo. N. MacDonell, Miami; Second Vice-President, Dr. N. A. Upchurch, Jacksonville; Secretary-Treasurer, Dr. Stewart Thompson, Jacksonville.

On March 9, 1931, the organization officially took over its name of Florida Public Health Association and was incorporated under the laws of the state as of that date. The former Florida Public Health Association relinquished its name and was incorporated under the name of Florida Tuberculosis and Health Association.

The new Florida Public Health Association, Incorporated, provides for four classes of membership. (1) Active members: All persons professionally engaged in any branch of public health work in the state of Florida shall be eligible to membership. (2) Associate members: All persons in Florida who are not eligible to active membership but who are sufficiently interested in the cause of public health to desire affiliation with this organization shall be eligible to associate membership, which membership shall entitle them to all privileges of the association except voting and holding office in the association. (3) Honorary membership: Honorary membership may be conferred upon

BUREAU OF VITAL STATISTICS

any person whether or not a resident of Florida who has rendered such service to the cause of public health as to entitle him to special recognition. Not over two honorary members shall be elected in any one year. (4) Corporate membership: Any board of health or other corporate health organization may become a member of the association with the privilege of sending a delegate to the annual meeting. Eligibility of any organization applying for membership shall be determined by the executive committee.

In addition to the plans already mentioned, it is proposed that affiliation with the American Public Health Association be consummated. At the present time, there are fifty-four members of the A. P. H. A. in Florida.

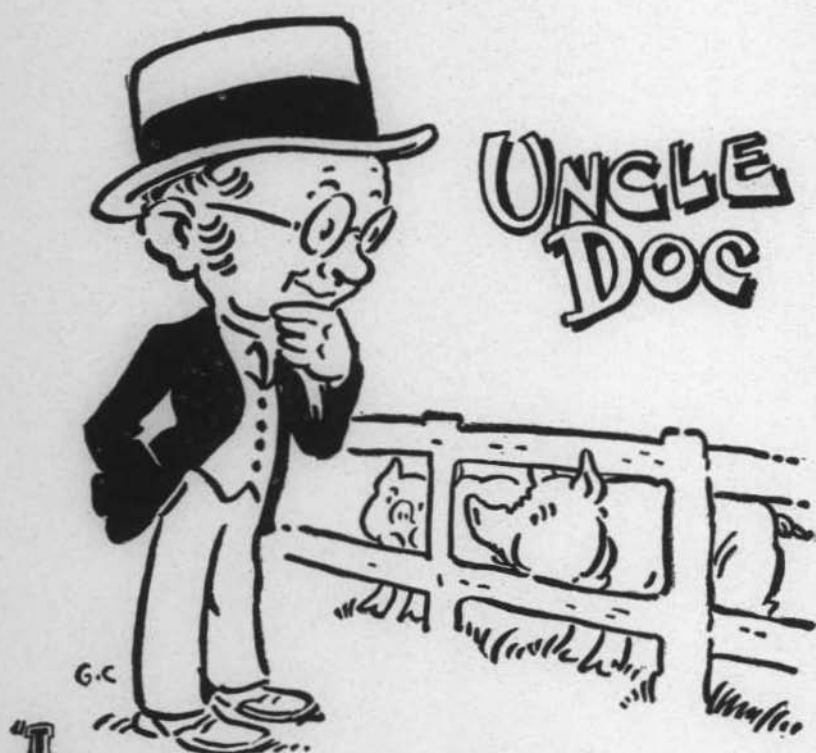
Charter applications for membership in the new Florida Public Health Association, Incorporated, accompanied by a remittance of \$1.00 are as follows:

Anderson, Naomi	Jacksonville	Dickson, Ray C.	Jacksonville
Andrews, G. Frank	Greenville	Dodd, Mary G.	Jacksonville
Ashton, Dr. W. L.	Umatilla	Dozier, Screven	Jacksonville
Ball, Mrs. W. M.	Jacksonville	Dozier, Mrs. Screven	Jacksonville
Bartlett, Dr. Chas. W., Jr.	Tampa	Duchesney, C.	Jacksonville
Bell, W. H.	Jacksonville	Duncan, Dr. C. F. (Col.)	Jacksonville
Bellinger, Mrs. Margaret	Jacksonville	Eaton, Dr. Paul	Jacksonville
Benham, Mrs. Louisa B.	Hawthorn	Eaton, Mrs. Paul	Jacksonville
Beuthiene, Mrs. Agnes	Jacksonville	Ely, Joyce	Ruskin
Blachly, Dr. Lucile Spire	Jacksonville	Emmons, Anna C.	Jacksonville
Boggan, John J.	Andalusia, Ala.	Essex, Mildred	Jacksonville
Brantley, H. G.	Jacksonville	Evans, Agnes M.	Cassadaga
Breed, Mrs. Florence B.	Jacksonville	Evans, Alice H.	Cassadaga
Brigman, A.	Jacksonville	Ficht, Paul H.	Clearwater
Brink, Dr. F. A.	Jacksonville	Filby, E. L.	Jacksonville
Brink, Mrs. F. A.	Jacksonville	Filby, Mrs. E. L.	Jacksonville
Bristol, Dr. L. M.	Gainesville	Fish, James G., Jr.	Jacksonville
Bristol, L. R.	Gainesville	Fitch, Hon. Josiah H.	Ft. Myers
Broughman, Russell	Orlando	Folsom, Wm. C.	Perry
Broughman, Ulmine Bank	Orlando	Fort, Dr. F. L.	Jacksonville
Brown, H. P.	Jacksonville	Frazee, Mary Louise	Jacksonville
Brown, Dr. R. L. (Col.)	Jacksonville	Fuller, Joseph Warren	Jacksonville
Campbell, Dr. S. S. (Col.)	Jacksonville	Gable, Dr. N. W., Sr.	St. Petersburg
Cardwell, Mrs. Estelle S.	Jacksonville	Gantling, Nancy H. (Col.)	Daytona B.
Carpenter, Alvin B.	Jacksonville	Goggans, Lila	Jacksonville
Claxton, Dr. W. A.	Vero Beach	Gordon, Albert	Jacksonville
Cleveland, Oralee R.	Jacksonville	Grabe, Martha Clark	Jacksonville
Colby, Nanna	Jacksonville	Graves, Jule	Jacksonville
Cole, W. A.	Jacksonville	Griiffith, Pearl	Jacksonville
Colley, C. C.	Jacksonville	Hall, Frances	Jacksonville
Cornell, Margaret B.	Jacksonville	Hamblin, Dr. A. C.	Brooksville
Criswell, Judge Walter	Jacksonville	Hanks, G. T.	Jacksonville
Cruz, Andrew H.	Jacksonville	Hanson, Dr. Henry	Jacksonville
Daniel, Dr. S. Blake (Col.)	Jacksonville	Hanson, Mrs. Henry	Jacksonville
DeCottes, C. H.	Jacksonville	Harrison, Mary	Pensacola
Dickerson, Dr. Geo. L.	Jacksonville	Hart, Mrs. Mary A.	Sarasota

BUREAU OF VITAL STATISTICS

Hawes, Bessie B.	Jacksonville	Parker, Horatio N.	Jacksonville
Herlong, Dr. M. B.	Jacksonville	Partrick, Mary L.	Tavares
Higginbotham, Ruby J.	Jacksonville	Pease, Dr. C. W.	Tampa
Hindle, Rosa P.	Jacksonville	Pease, Mrs. C. W.	Tampa
Hobbs, C. N.	Tallahassee	Pepper, Mrs. W. M.	Gainesville
Holla, Dr. W. A.	White Plains, N. Y.	Powell, Edith R.	Miami
Holloway, C. A.	Ocala	Powell, H. A.	Jacksonville
Holloway, J. C.	Jacksonville	Powell, W. I.	Jacksonville
Holloway, Mrs. W. M.	Jacksonville	Price, C. H.	Palatka
Hornbaker, Jos. N.	St. Petersburg	Purdy, C. Herbert	Jacksonville
Howe, Mrs. Elizabeth W.	Palatka	Rafferty, Genevieve	Pensacola
Hutchinson, Mrs. H. B.	Tampa	Ranson, Grace	St. Augustine
Hyatt, Elsie	Jacksonville	Reed, B. Marion	Tampa
Johnson, Margaret	Jacksonville	Reed, George B.	Miami
Jones, Frances	Palatka	Richards, Sarah Ida	Jensen
Jordan, Mrs. Ray	Jacksonville	Robinson, Willie M.	Jacksonville
Kane, Mike	Jacksonville	Rogers, W. L.	Jacksonville
King, J. Dayton	Jacksonville	Rogers, Dr. W. W.	Jacksonville
Kline, Julia W.	Ft. Myers	Rubin, Goldie	Jacksonville
Knapp, J. V.	Tallahassee	Safay, Fred A.	Jacksonville
Kyle, S. Allen	Jacksonville	Schulenberg, Edw. C.	Jacksonville
Lamb, Dorothy	Sanford	Shaw, A. G.	Jacksonville
Lamoureux, V. B.	Jacksonville	Simral, Augusta	Jacksonville
Lanier, Paul J.	Jacksonville	Smith, Dr. H. Mason	Tampa
Lee, Dr. J. R. E. (Col.)	Tallahassee	Smith, Norma Lady	Jacksonville
Lefholz, Dr. Rothwell	Coral Gables	Smith, Sherwood H.	Jacksonville
Leland, Nettie	Jacksonville	Smith, Dr. W. H. Y.	Perry
L'Engle, Dr. E. M.	Jacksonville	Sogaard, Miss J. L.	St. Augustine
Lewis, John W.	Jacksonville	Spink, A. A.	Jacksonville
Lewis, Ola	Jacksonville	Starck, Lena W.	Jacksonville
Littlejohn, Elinor B.	Jacksonville	Steele, Eloise	Jacksonville
Lynch, L. J.	Winter Haven	Stetson, Mrs. M. A.	St. Petersburg
McCallister, Dr. Archie	Tarpon Springs	Stoy, E. C.	Jacksonville
McClure, Dr. H. A.	Tallahassee	Stoy, Mrs. E. C.	Jacksonville
McDonald, Dr. C. W.	DeFuniak Springs	Studdard, Mrs. Etta P.	Orlando
McGee, Mrs. Lucy Knox	Jacksonville	Thomas, J. O.	Atlanta, Ga.
McGreen, I. Odell (Col.)	Jacksonville	Thompson, Ford L.	Tallahassee
McLaughlin, Clio	Jacksonville	Thompson, Dr. S. G.	Jacksonville
MacDonell, Dr. George N.	Miami	Thompson, Mrs. S. G.	Jacksonville
MacDonell, Mrs. George N.	Miami	Thompson, W. M.	Jacksonville
MacDonell, Mrs. Vida L.	Jacksonville	Upchurch, Dr. N. A.	Jacksonville
Mackler, Capt. M. J.	Tampa	Venters, H. D.	Jacksonville
Macready, S. D.	Hollywood	Walker, Heyward	Sanford
Mays, Allie D.	Jacksonville	Waltmire, Martha B.	Perry
Mettinger, Ruth E.	Jacksonville	Warren, Dr. E. W.	Palatka
Meyers, Sarah B.	DeLand	Waters, Mrs. P. L.	Jacksonville
Mickel, Mrs. Dorothea	Ft. Lauderdale	Watt, Dr. Harry F.	Ocala
Miles, C. M.	Tallahassee	West, G. D.	Milton
Monroe, H. R.	Jacksonville	Whitaker, Roy B.	Jacksonville
Montgomery, Mrs. J. C.	Jacksonville	Whidden, Frank M.	Jacksonville
Nelson, Mrs. Inez M.	Orlando	Wilhelm, J. W.	St. Petersburg
Neustadt, F. L.	Jacksonville	Wilson, Dr. A. K.	Jacksonville
Osburn, D. H.	Tampa	Wilson, Dr. B. C.	Jacksonville
Owen, J. D.	Jacksonville	Wilson, Mrs. William	Panama City
Page, Edw. T., Sr.	Delray Beach	Woods, Adella M.	Jacksonville
Page, Edw. T., Jr.	Delray Beach		

Any one desiring membership in the new Florida Public Health Association should make application through the secretary, Dr. Stewart Thompson, Box 4479, Jacksonville, Florida.



Lem Sikes has had his hogs immunized against cholera. His children are still unprotected against diphtheria and smallpox but of course his pigs are thorobreds."

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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

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No. 5

Edited by
STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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HENRY HANSON, M. D., STATE HEALTH OFFICER
Also Executive Officer and Secretary of Board.

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

THE ENABLING ACT—ITS SIGNIFICANCE

The Enabling Act introduced in the Senate and House of the present Legislature is a bill to be entitled: "AN ACT Relating to the Public Health and to the Control of Preventable Diseases, and to Authorize Counties of the State of Florida to Cooperate with the State Board of Health in the Establishment and Maintenance by the State Board of Health of Full Time Local Health Units Therein, and to Levy and Collect Special County Taxes Therefor, and to Authorize Two or More Counties to Agree upon Joint or Concurrent Action to Effectuate the Purposes of this Act."

It is simply what it says—an authorization for one county, or two or more counties, to enter into an agreement with the State Board of Health for the purpose of rendering an effective health service in the counties which wish to have it. It is in no wise obligatory and no county need establish the Health Unit unless it wishes to do so. It is not the intention of the promoters of this bill to interfere with any county which has an established service or to interfere with any municipality which has a health department satisfactory to the municipality. We have advocated the formation of full time county health units throughout the state, because the prevailing conditions demand it. A great deal of preventable sickness could be eliminated by having an experienced, trained public health personnel devoting its entire time to the correction of the unsatisfactory conditions prevailing.

Health Notes has repeatedly called attention to the high malaria rate in the rural communities where there also has been, and still is, an unjustifiably high incidence of hookworm infestation. It is only by having a local health service in communities where these conditions are most serious that we can help our rural people to overcome the handicaps against which they are struggling in their efforts to make a living and lay up something for that inevitable future when their earning capacity will be reduced due to on-coming age.

It is appropriate again to call your attention to the handicaps in this struggle so graphically illustrated by the loss in earning capacity from malaria alone where more than 1,600,000 days of earning power were lost during the past two years in Florida.

The Enabling Act makes it possible for the state to receive funds from outside sources such as the Rockefeller Foundation, the Rosenwald Fund or the U. S. Public Health Service. At the present time, very few counties have the legal authority to establish their own health service. This Act not only gives the authority but it also makes it possible to reduce the cost of service by enabling them to get help from the institutions mentioned which are interested in the promotion of better health throughout the country.

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Lucile Spire Blachly, M. D., Director****SUBCOMMITTEE ON THE HYGIENE OF MATERNITY,
INFANCY AND PRESCHOOL CHILDREN****May Day—Gainesville**

This report on maternity, infancy and the preschool child will be treated under the following sub-heads: Florida's Problems, Florida's Resources, Present Programs and Recommendations. It is introduced by a brief summary of such of the findings of the White House Conference on Child Health and Protection as particularly apply to this report.

Introduction

A. The health and welfare of the individual depend in large measure on the prenatal, natal and postnatal care he receives.

B. This prenatal, natal and postnatal care must of necessity be paralleled by adequate prepartum, intrapartum and postpartum care.

C. The social and economic conditions surrounding the mother and child as well as mental and emotional factors have a bearing on physical health.

D. Two-thirds of the mothers now dying from child birth and causes associated with child birth and one-half the babies now dying before their first birthdays could be saved were the general public able, informed and habituated to the use of that degree of special obstetric and pediatric care now the common practice of the enlightened and favored minority.

E. The mortality of the remaining one-third of the mothers and one-half the babies undoubtedly can be reduced still more by the improved practices and increased knowledge now being put to the test by research workers in the science and art of living.

F. That due to the plethora of life-saving information recently developed, relatively speaking, in so many different centers by such a variety of workers in the field of prevention, detection and cure of disease and the promotion of health, a general renaissance of special learning is indicated all along the line, including the doctors, midwives, nurses, social service workers, nutritionists, hospital administrators, executives, parents, potential parents, and the general public, in order to fill in the gaps.

G. Definite and organized efforts must be made to disseminate such of this information now in the possession of the informed to the rank and file as the latter can use.

H. Definite steps must be taken to motivate the public to bring its practice of preventive medicine to the level of its present knowledge thereof.

I. The scattered efforts of numerous agencies interested in the

CHILD HYGIENE AND PUBLIC HEALTH NURSING

mother and child must be brought together and correlated in such way as to reduce expense and increase efficiency.

J. Federal, state, county, city and volunteer funds should be made available for the promotion of the health of these special groups.

K. Midwives should be educated and controlled.

(Because of its importance the following paragraph is quoted verbatim from the report:)

"Periodic health examinations constitute a valuable safeguard to health. These examinations should begin with the new-born infant to be repeated at suitable intervals thereafter. Periodic examinations should be thorough and comprehensive and be conducted by physicians acquainted with the healthy child and the complexities of growth and development, as well as the manifestations of the diseases peculiar to the different age levels. Reliance upon superficial routines and unthoughtful application of so-called standards must be guarded against constantly."

Florida's Problems

"The best (maternity and infancy) planning for a state," to quote the Chief of the Children's Bureau, "requires a correlation of the money available with the number and causes of deaths among mothers and babies in the different parts of the state and the available local facilities."

Statistical information: Following is certain statistical material concerning mother, infant and preschool mortality for the year 1928, this being the last year for which figures are available for the other states.

Maternal Mortality: The rate for the state as a whole, white and colored, urban and rural, was 10.1 per 1,000 live births. The rate for white women was 9.1; for colored 12.5; for rural 11.0; for urban (10,000 or above population), 8.0. Comparable figures for the United States Birth Registration Area are: United States Area 6.9; white 6.3; colored, 12.1; rural, 6.2; urban, 7.8.

Live Births: During this year there were 29,776 live births, 20,656 or 69.3% being white and 9,120 or 31.7% being colored.

There was a total of 280 maternal deaths, 175 or 62.5% being white and 105 or 37.5% being colored.

Of the deaths of white women puerperal albuminuria and convulsions caused 61; puerperal septicemia 47; puerperal hemorrhage, 25; other accidents of labor (forceps, etc.) 20; accidents of pregnancy (abortions, etc.), 15; puerperal phlegmasia albadolens, embolus, 4; undefined, 3.

Of the colored, puerperal septicemia and puerperal albuminuria change places, the former leading with 39 deaths, the latter coming

CHILD HYGIENE AND PUBLIC HEALTH NURSING

second with 32; other accidents of labor (forceps, etc.), 16; puerperal hemorrhage, 8; accidents of pregnancy, 6; undefined, 4.

Stillbirths: There were 2013 stillbirths reported.

Infant Mortality: The infant mortality for the state was 67 per 1,000 live births; for the white population, 55; colored, 95; rural, 68; urban, 65.

The average for the United States Birth Registration Area was 69 with the white rate, 64; colored, 106; rural, 68; urban, 69.

There was a total of 2000 infant deaths.

The leading causes of death of these 2000 infants were, premature birth, 565; diarrhea and enteritis, 191; injury at birth, 104; influenza (all forms), 80; syphilis, 52; whooping cough, 25; malaria, 23; convulsions, 22.

Subdivided as to color, 374 of the white deaths were due to premature birth; 92 to diarrhea and enteritis; 86 to injury at birth; 39 to influenza; 12 to malaria; 10 to whooping cough; 9 to syphilis, and 4 to convulsions (above are actual numbers.)

For the colored, premature birth ranks first with 191; diarrhea and enteritis second with 99; syphilis third, 43, influenza 41; convulsions and injury at birth 18 each; whooping cough, 15; malaria 11.

Florida's problems from the above figures seem to be

(a) The unusually high maternal mortality rate among white women in rural districts.

(b) The high maternal mortality rate for colored women in rural districts.

(c) The lack or relative lack of proper prenatal care together with insufficient venereal disease control as shown by the stillbirths and the deaths from prematurity as well as the infant deaths so certified.

(d) Inadequate or unsafe obstetric care and probably postpartum care as reflected in the deaths from septicemia.

(e) The matter of deaths due to injury at birth in the white race particularly, the number being 82% of all such deaths, whereas the white babies constitute only 69.3% of the total of live births.

(f) Incorrect feeding of infants.

(g) The possibility of inadequate dental care plus neglected throats as shown by the high death rate from eclampsia.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****FORESIGHT**

Recently this department received a letter from a lady in a remote part of the state accompanied by a bottle of milk. The letter stated that the milk was from a cow which the lady owned, but that the cow seemed to be in poor condition and that there was, on this account, a doubt in the owner's mind as to the safety of this cow's milk as food for the family. We were asked to examine the sample of milk submitted with particular reference to tuberculosis.

We replied that a regular test of this cow for tuberculosis would be a much safer way to go about the matter. This is for several reasons. In the first place, a tuberculous cow might not excrete tubercle bacilli in every bit of milk and so a negative report on one sample of milk would be absolutely dangerous because it would give a feeling of safety that was not based on fact. In the second place, tubercle bacilli are hard to find and it is possible that they might be overlooked in the examination of the sample, no matter how carefully that might be done. The State Veterinarian, to whom the matter was referred gave immediate instructions to one of his field men to look after the matter as soon as possible and of course the tuberculin test of the cow will tell whether or not her milk is safe for human consumption.

But the matter to which I desire to direct your attention most forcibly is the lady's prudent foresight. How much better it was for her to try to get accurate information than to go on and use the milk of the cow. In other words, she would rather have the test made in the laboratory than to make it on her own children.

There is an old story of a woman who employed a new nurse-maid to look after her baby. The mistress happened along when the new nurse was giving the baby a bath and saw no thermometer. "Where's the thermometer?" she said. "And phwat's that?" said the nurse. "Why it's to tell whether the bath water is too hot or too cold." "Faith, and there's no use in that," said the nurse, "If the water's too hot the baby'll turn red and if it's too cold, he'll turn blue."

There are entirely too many persons who are willing to try it on the baby. "Don't have him vaccinated. Maybe he won't be exposed to smallpox". "Don't have him immunized against diphtheria, maybe he won't get it". The same with typhoid fever.

Now we do not have any immunization against malaria or hook-worm, but screened windows and doors and sanitary privies have worked wonders in a great many places where they have been tried. And we do have specific treatments for these conditions; that is,

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treatments that will cure them.

There is no specific treatment for tuberculosis although rest and good food do a great deal to help people to recover from it. Prevention is safer and easier than cure.

In all too many cases when a death has occurred from a preventable disease, the friends and relatives have said, "It was the Lord's will." A spirit of resignation in the face of bereavement is all very well, but the Lord does not want any child to die from diphtheria, scarlet fever, typhoid fever, malaria, hookworm or tuberculosis.

SUMMARY OF WORK DONE DURING THE MONTH OF
MARCH, 1931

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	3626	556	30	155	237	4604
Diphtheria	747	238	38	309	37	1369
Typhoid	395	130	24	129	91	769
Malaria	270	103	19	15	163	570
Rabies	14	3				17
Tuberculosis	202	100	10	62	23	397
Gonorrhea	549	227	37	111	41	965
Kahn	3620	1074	109	858	86	5747
Water		31		238	2	271
Milk	700	306	494	751	78	2329
Miscellaneous	27	4		77	2	110
	<u>10150</u>	<u>2772</u>	<u>761</u>	<u>2705</u>	<u>760</u>	<u>17148</u>

Specimen Containers Distributed 9009

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	60 Packages
	5,000 units	42 Packages
Toxin Antitoxin.....		6,159 C. C.
Schick.....		2,500 Tests
Tetanus Antitoxin.....	10,000 units	6 Packages
	1,500 units	411 Packages
Typhoid Vaccine.....		16,633 Treatments
Vaccine Virus.....		4,433 Capillaries
Antimeningococcus Serum.....		27 Cylinders
Antirabic Virus.....		42 Treatments
Carbon Tetrachloride.....		4,606 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****IN OTHER STATES**

The writer recently made a tour of study and observation among a number of southern state and county health departments. This was made possible through the generosity of the International Health Division of the Rockefeller Foundation. Much the greater part of this time was spent in Georgia, Alabama and Tennessee.

A great deal of valuable information was gathered; too much to report in Health Notes, but some of the points are of sufficient interest and importance to be noted here.

In the three states mentioned, which are all near neighbors of ours, there are 129 full-time county health units. Alabama has 54 units serving 88% of the population. Tennessee has 41 units serving 60% of the population and Georgia has 34 units serving 30% of the population. Dr. M. E. Winchester, who has had experience as a County Health Officer and is now director and promoter of county units in Georgia, has elaborated a plan for extending this same kind of service to the entire population at an average per capita cost of 33 cents. Under this plan a number of the units, called districts, would be made up of two or more counties.

Alabama has developed her rural health program more than any other state and her promotion problem is proportionately small. Only 12% of the people are without full-time health service.

The State Board of Health maintains at Opelika in connection with the Lee County unit, a training school for health officers nurses and sanitary officers. In this enterprise the Rockefeller Foundation cooperates. Trainees are given six weeks of intensive training which consists of lectures and practical field work. Many doctors and nurses residing in Alabama take this training and find employment in the county units of that state.

Tennessee with her 41 county units is making consistent effort to extend her rural health service. The State Health Department, with greater resources than some of the other state health departments, is able to extend financial aid as well as supervision and guidance to the county units and to furnish essential health service to the unorganized counties. The Bureau of Communicable Diseases, Tennessee State Board of Health, has, besides the director, an epidemiologist, three physicians, three X-ray technicians, three clerks and nine nurses doing tuberculosis work only.

In the venereal disease control work, the U. S. Public Health Service cooperates by furnishing a man who directs this activity. Treatment is the principal control measure and the county health officers treat quite a number of the patients. This has almost universal approval of the practicing physicians. In counties with no health

BUREAU OF COMMUNICABLE DISEASES

unit, local doctors are designated as cooperative clinicians; and they treat the indigent patients who are referred to them. For this they are furnished drugs but receive no salary.

The Tennessee State Board of Health employs an engineer for mosquito control, mainly drainage. In cooperation with municipalities and with the state road department he accomplishes a great deal with relatively small expenditures. For example, with his assistance the state road department is able to drain most of the roadside ditches and burrow pits so that they do not become breeding places.

Alabama has three tuberculosis clinicians and six nurses. Venereal treatments are given in special clinics classed as "Free" and "Cooperative". In the former, only indigent patients are treated and no charge is made. In the latter, a reduced fee is collected. Special and fairly adequate items are set up in the budget for these and other services.

It is interesting to note that there is quite general agreement as to the eleven major activities which belong properly within the scope of public health; namely, vital statistics, communicable disease, venereal disease and tuberculosis control, prenatal, infant, pre-school and school health protection, sanitation, laboratory service and popular health instruction.

P. S.—There is a story of a rooster who called his hen-folk together, showed them an ostrich egg and said: "I do not wish to discredit your attainments but thought you should know what others are doing."

PSEUDO - PHOBIA (False Fear) *

We are a peculiar people. Public health workers may take a lop-sided view of things but in our relations with the public and especially the children in our schools our interests are directed towards the preservation and improvement of the health of these future citizens.

One cannot help noticing the fear and mistrust manifested by a number of otherwise intelligent people in the protective measures offered free by the State Board of Health. To a health worker the refusal of a parent to have his child immunized against diphtheria, typhoid and smallpox is hard to understand. It is particularly hard to understand when we note that these same people will go to a private physician week after week to get injections for colds, anemia, asthma, tuberculosis, hay fever, malaria and other conditions. They are all hypodermic injections so one wonders why people fear the known protective measures offered by the health officer and enthuse over the more or less doubtful protection given for the other diseases mentioned. People even boast that their doctor had to give them

* This article was submitted by a member of the staff and is based on his actual experience in the field.

BUREAU OF COMMUNICABLE DISEASES

injections for their malaria, "they had it so bad". They will tell you that their blood was only "65" and they had to have injections for their anemia. Usually they don't know what these injections were but they continue to boast that they had to have them.

The vaccines for colds are dead bacteria injected hypodermically. The vaccine for typhoid fever also is dead bacteria yet they are "scared to death" of typhoid vaccine.

Parents have an uncanny fear of the harmless Schick test, yet they will rush to a clinic to have their children given a tuberculin test, and the two are identical in method and reaction.

Physicians, nurses, teachers and other intelligent persons in our Florida communities must assist in spreading this gospel of protection.

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

NINTH ANNUAL MOSQUITO MEETING

The Ninth Annual meeting of the Florida Anti-Mosquito Association, held in Perry on April 16th and 17th, was one of the most successful meetings in the history of that organization. This was the first time the Association had met in that portion of Florida where the control of Anopheles mosquitoes is the big problem. The program was interesting and varied and covered the problems of pestiferous mosquito control, as well as Anopheles control and control of malaria. Entomologists Bradley and McNeel of the U. S. Department of Agriculture stationed at the Orlando Laboratory, discussed the past year's work on *Mansonia Perturbans* and the program of the newly established laboratory at Orlando. The malaria research program of the Rockefeller Foundation at the Tallahassee Station was discussed by Dr. Mark F. Boyd of that organization; Dr. L. L. Williams, Jr., U. S. Public Health Service, Washington, D. C., outlined the history and economics of malaria in the United States; Dr. J. C. Ellis of Perry, presented the matter of Perry and its fight against malaria; Dr. Henry Hanson, State Health Officer, Jacksonville, spoke of the Board's part in malaria control and told why mosquitoes should be controlled; Mr. L. M. Clarkson, Chief Engineer, Georgia State Board of Health, Atlanta, took up the matter of malaria control in south Georgia, and Mr. Clarkson and Dr. T. H. D. Griffiths, U. S. Public Health Service, Albany, Ga., spoke of the methods of control of Anophelene breeding. The question of preparation of blood smears and their examination was presented by Dr. Paul Eaton, Director of Laboratories, State Board of Health, Jacksonville while Dr. George Davis of Madison told of his experiences in methods of malaria control. The Taylor County Health Department program for malaria control was considered in detail by County Health Officer, Dr. W. H. Y. Smith of Perry. The election of officers resulted in the selection of Alex MacWilliam of Vero Beach as president, Major J. N. Hornbaker of St. Petersburg as vice president, and Ellsworth L. Filby of Jacksonville as secretary. The City of Clearwater was chosen as the meeting place for 1932.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

INFANT MORTALITY



Last year's tabulations have just been completed revealing the fact that the lowest infant mortality rate in Florida's history has become a matter of record. The figures which have just been released for 1930 show Florida's lowest infant mortality rate to be 64.

The first state-wide records in this connection were for the year 1917 when a rate of 106 prevailed; the new figures for 1930 show a decrease in Florida's infant mortality rate of approximately 40%.

Infant mortality rates for cities, counties and states are very significant as to the sanitary conditions prevailing in communities. We are, therefore, justly proud in noting the great decline of this rate during the past decade. From 1917 to 1927, inclusive, Florida's infant mortality rates were higher than the published rates of the United States Birth Registration Area from the Bureau of the Census. In 1928 and 1929, Florida's rates fell below those of the United States Birth Registration Area and while the 1929 rate in Florida showed a decline, the rate for 1930, which has just been compiled, has dropped to the low figure of 64. Among our white population in Florida, the rate last year was 50, as compared with a rate of 95 among the colored. The rate for white shows a gradual decline with the exception of one year during the past decade. The rate among the

Deaths Under 1 Year and Infant Mortality Rates, By Color,
1917 to 1930, Inclusive

Years	Total		White		Colored	
	Deaths Under 1Yr	Rate Per 1000 Births	Deaths Under 1Yr	Rate Per 1000 Births	Deaths Under 1Yr	Rate Per 1000 Births
1930	1,729	64	928	50	801	95
1929	1,766	66	953	52	813	95
1928	2,000	67	1,123	54	877	96
1927	2,303	68	1,336	56	967	95
1926	2,614	75	1,545	62	1,069	108
1925	2,179	74	1,219	61	960	104
1924	2,182	82	1,259	70	923	107
1923	1,822	78	1,017	65	805	106
1922	1,691	77	997	65	694	104
1921	1,770	80	1,001	66	769	112
1920	1,835	94	1,031	76	804	134
1919	1,659	89	927	72	732	126
1918	1,947	107	1,148	91	799	145
1917	1,897	106	1,087	86	810	155

BUREAU OF VITAL STATISTICS

colored population shows a marked decline from the rate of 108 for the year 1926. With one exception, for the years since that date, the rate has stood at 95 for the colored.

The infant mortality rate represents the number of deaths of babies under one year of age for each thousand live births reported. The chart on the back cover of this issue shows a comparison of the infant mortality rates by years in the state of Florida and the United States Birth Registration Area.

NOTELETS

The Ninth Annual Meeting of the Florida Anti-Mosquito Association was held in Perry, Florida, April 16 and 17, 1931.

* * *

Florida's infant mortality rate for 1930 was 64, the lowest rate ever recorded in the state. See this issue for additional information regarding this low rate.

* * *

Last year, marriages in Florida numbered 17,147 while divorces and annulments totaled 3,653.

* * *

What has heretofore been known as the Florida Health Council will now be known as the Florida Council on Health, Welfare and Education the name having been officially changed in Gainesville at a regular annual meeting held May 1 and 2, 1931.

* * *

An educational campaign of nationwide proportions, planned by the tuberculosis associations of the United States, began April 1st; the war cry being "Fighting the Foe of Youth". Today, as of old, the place for David to strike Goliath is at the point of intelligence. The best weapon is the stone of Knowledge. For free literature, write your health department or the tuberculosis association.

The Third Congress of the Pan American Medical Association will be held in the City of Mexico, July 26-31. A Scientific and Commercial Exposition will take place where the Sessions are to be held. More detailed information can be obtained from the State Board of Health, Jacksonville.

* * *

Comparing all deaths from tuberculosis during the past five years in Florida, it is noted that more deaths occur from this disease between ages 30-34 and 35-39 in the white population than in any of the other five-year age groups, while the larger per cents occur in the colored population in age groups 20-24 and 25-29.

* * *

Among the millions who drink both tea and coffee, relatively few are seriously harmed by the small amount of caffeine that they contain, says HYGEIA. It is probable that in the United States, the coffee drinker obtains more caffeine.

* * *

Congress has authorized the establishment in the United States Public Health Service of a Division of Mental Hygiene; the objective of which is to give medical and psychiatric service to penal and correctional institutions of the Federal Government.—Statistical Bulletin, Metropolitan Life Insurance Company.

BUREAU OF VITAL STATISTICS

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Live
Births by Color and by Counties—1930

COUNTIES	Total		White		Colored	
	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
0. State.....	1,729	64	928	50	801	95
1. Alachua.....	44	67	20	58	24	76
2. Baker.....	12	75	6	57	6	109
3. Bay.....	19	73	11	58	6	118
4. Bradford.....	6	31	2	14	4	83
5. Brevard.....	11	56	5	38	6	90
6. Broward.....	28	86	10	58	18	118
7. Calhoun.....	23	126	18	116	5	179
55. Charlotte.....	3	44	1	18	2	182
8. Citrus.....	4	51	3	55	1	43
9. Clay.....	2	17	2	25	0	.....
62. Collier.....	2	61	1	32	1	500
10. Columbia.....	28	77	19	97	9	54
11. Dade.....	140	57	77	43	63	95
12. DeSoto.....	15	80	9	58	6	182
56. Dixie.....	7	53	4	43	3	81
13. Duval.....	187	67	99	52	88	101
14. Escambia.....	108	96	61	69	47	196
53. Flagler.....	3	71	1	67	2	74
15. Franklin.....	6	51	0	.....	6	115
16. Gadsden.....	57	86	9	37	48	113
64. Gilchrist.....	4	32	4	35	0	.....
57. Glades.....	3	79	2	69	1	111
65. Gulf.....	2	39	1	29	1	63
17. Hamilton.....	11	52	6	48	5	57
58. Hardee.....	13	62	13	68	0	.....
63. Hendry.....	6	111	4	83	2	333
18. Hernando.....	5	54	2	38	3	73
59. Highlands.....	12	65	8	65	4	66
19. Hillsboro.....	143	55	92	43	51	112
20. Holmes.....	18	64	17	63	1	100
66. Indian River.....	7	44	3	27	4	87
21. Jackson.....	55	69	30	67	25	72
22. Jefferson.....	30	85	3	42	27	95

BUREAU OF VITAL STATISTICS

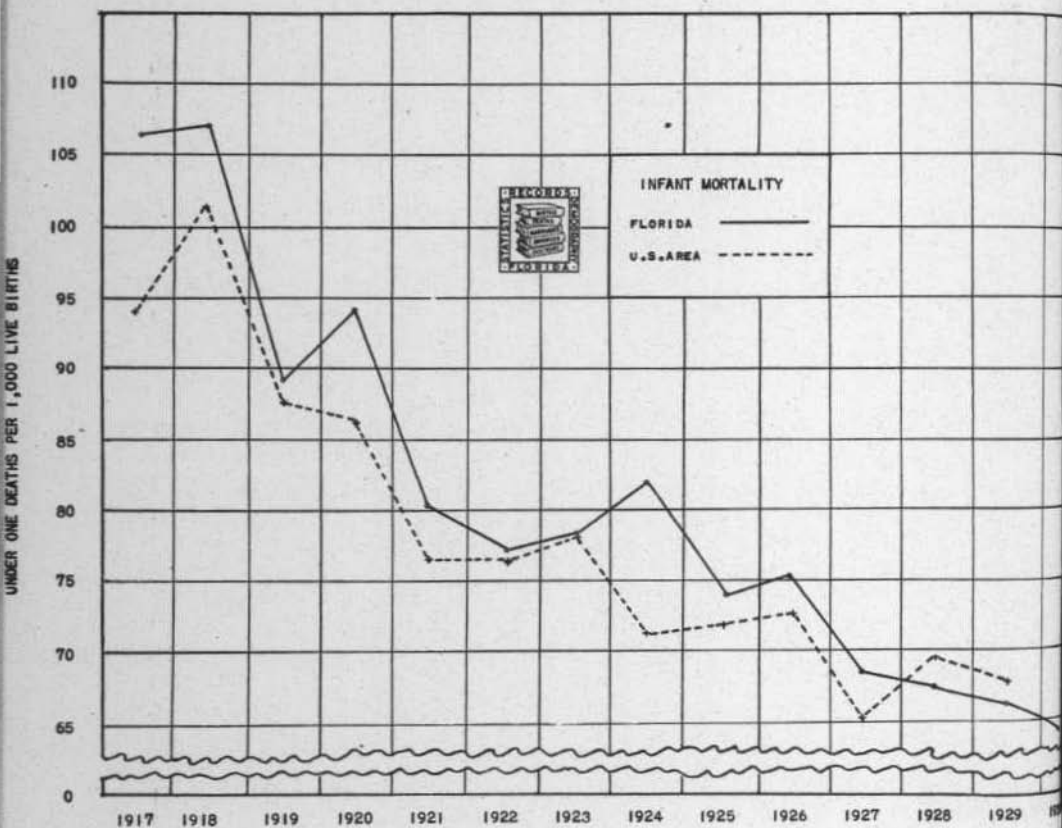
INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Live
Births by Color and by Counties—1930 (Continued)

COUNTIES	Total		White		Colored	
	Deaths Under 1	Rate Per Yr. 1000 Births	Deaths Under 1	Rate Per Yr. 1000 Births	Deaths Under 1	Rate Per Yr. 1000 Births
23. Lafayette.....	6	67	5	57	1	333
24. Lake.....	19	51	10	38	9	86
25. Lee.....	17	65	13	62	4	80
26. Leon.....	29	69	7	47	22	81
27. Levy.....	17	77	7	53	10	112
28. Liberty.....	7	69	3	43	4	121
29. Madison.....	27	74	13	102	14	59
30. Manatee.....	24	64	11	44	13	103
31. Marion.....	35	71	14	58	21	85
67. Martin.....	7	99	4	93	3	107
32. Monroe.....	12	45	9	44	3	52
33. Nassau.....	16	82	6	55	10	119
34. Okaloosa.....	6	31	6	34	0	.....
54. Okeechobee.....	4	85	3	94	1	67
35. Orange.....	58	68	35	54	23	116
36. Osceola.....	10	67	5	47	5	114
37. Palm Beach.....	42	51	17	31	25	94
38. Pasco.....	10	56	8	55	2	63
39. Pinellas.....	45	55	26	40	19	109
40. Polk.....	71	49	43	38	28	89
41. Putnam.....	31	93	7	41	24	146
42. St. Johns.....	25	77	14	63	11	109
43. St. Lucie.....	8	48	5	45	3	56
44. Santa Rosa.....	21	77	16	67	5	143
60. Sarasota.....	8	42	6	42	2	41
45. Seminole.....	20	56	9	50	11	62
46. Sumter.....	12	54	5	37	7	80
47. Suwannee.....	25	72	14	64	11	88
48. Taylor.....	22	107	10	75	12	167
61. Union.....	8	60	6	64	2	50
49. Volusia.....	30	43	19	37	11	59
50. Wakulla.....	12	83	6	65	6	115
51. Walton.....	20	66	14	57	6	103
52. Washington.....	11	40	9	46	2	25

ENCOURAGEMENT

Decline in Infant Mortality Rate, Florida and U. S. Registration Area





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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

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American Medical Editors' and Authors' Assn.

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 (Rockefeller Foundation)

COUNTY HEALTH UNITS

Jacksonville..... E. C. Stoy (U. S. P. H. S.)

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

THE ECONOMIC IMPORTANCE OF HEALTH IN FLORIDA *

In presenting a topic of this kind to men who are devoting their efforts to the development of a sound commercial status, it is well to show what sickness has meant to some of the great world projects. It is also appropriate to consider what human life is worth and what it costs to raise a child from birth to the age of 18 years.

Insurance companies stress the economic importance of health and have printed volumes on the subject. Most of us calmly ignore these facts because we appear to have an impression that there is only some selfish motive on the part of the insurance company. In this case, it is true that the motive is selfish and for their benefit, but it is one time when all can profit by a selfish motive. The early recognition of the value of health seems to have occurred during slave days. A good male slave was, in some places, valued at \$2000.00 and, in addition, the owner or buyer would pay 5 % on the valuation as insurance for the life of the slave.

It costs several thousand dollars to raise a child from birth to the age of 18 years. Dublin places this cost in a family with an income of \$2500.00 a year at \$7,425.00. Naturally, poor families must spend less, but more well-to-do and the rich spend very much more.

When in the business world a piece of machinery worth several thousand dollars is incapacitated, the cause is ascertained and the defect promptly corrected to permit the machine to produce a dividend on the investment. Also, if the cause of the incapacitation is preventable, the manager of the establishment will not tolerate repetitions of preventable accidents. It is only in the matter of health that most business men and legislators are both ignorant and indifferent. Later, I will point out the staggering losses which are being carried by the State as well as by the individual business man and the honest taxpayer, because of indifference in the matter of health.

It is said that malaria exerted a serious influence on Greek and Roman civilization, and by some is thought to be the cause of the decadence of the Romans. Today, malaria is one of Italy's most serious public health problems, and in the tropics is the greatest danger to the traveler or agriculturist. The disease has been recognized since the time of Hippocrates, 400 B. C., but appears not to have had its present name until Torti, an Italian physician, applied the name malaria (1753 A. D.) on account of its association with swamp air. It prevails in temperate and tropical climates and has been found as far north as 66° latitude and south as far as 35° latitude. It is most prevalent between the latitudes of 35°N and 20°S.

Its economic importance was recognized during the early years

* Read before the State Meeting of Secretaries of Chambers of Commerce, Lake Worth, June 23rd, 1931.

ADMINISTRATION

concerned in the building of the Panama Canal. The impression had been that yellow fever was the main obstacle but in 1906, the hospital admission rate for malaria was 821 per 1000 employees. A higher rate occurred among employees of the Tropical Oil Company, at Beranca Bermeja, during the first years of operation along the Magdalena River, in Colombia.

No general malaria survey has been made in Florida, but spleen and blood smear examinations in different localities, have shown 66% of children examined to have enlarged spleens, and 58% and 59% have been the high points in the blood smears showing malaria parasites. Our Vital Statistics Bureau recorded 470 deaths from this cause in 1929, which shows that there were approximately 94,000 cases of malaria in the state that year. According to the records of the Bureau, 1,498 persons died from malaria during the five year period 1925 to 1929, inclusive. During this time, 299,600 persons were ill with this fever, and the lost earning capacity on account of this disease alone, was two million nine hundred ninety six thousand days. The loss during 1929 alone was 940,000 days, approximately \$1,000,000.00 due to this preventable disease in one year.

The loss from hookworm disease is much greater.

Under Dr. Joseph Y. Porter's administration, we started our active anti-hookworm campaign in 1910. The first 7,500 specimens examined showed 57% infection. An analysis made this year (1931) of the last 100,000 specimens examined shows a rate of 25%. In calculating the incidence for the state, we exclude the large cities and make our computations on a basis of 1,100,000 rural and small town populations, which indicate that there are about 275,000 people constantly suffering from hookworm disease. Colonel Ashford, in his work in Porto Rico, found that the hookworm sufferer, as a laborer, was only 33% efficient. It would seem fair to assume that about one-third of our infected group represents workers and producers, or about 90,000 of the above. Again, to be conservative, let it be assumed that each of these have a possible 200 working days during the year (leaving 165 idle days each year). Then out of a potential 18,000,000 working days, this group is only yielding 6,000,000 showing an annual loss to the state of 12,000,000 days. If these were relieved of such handicap, the state would gain \$12,000,000.00 annually in productiveness. It is clear that the 275,000 sick must be leaners, and those who are well are carrying their burden.

The third important item in health economics is found in our high maternal mortality (in childbirth) in the rural communities. 1,574 mothers died during the same five year period, 1925 to 1929, and most of these occurred in the country districts. What is the economic value of 1,574 mothers, many of them leaving orphans, the rest taking their new-born with them to the grave?

ADMINISTRATION

Fortunately, there is a brighter outlook among the other preventable diseases. Satisfactory progress has been made in the reduction of diphtheria, infant mortality, smallpox, tuberculosis and typhoid fever. This year the only city with a bad typhoid record is Pensacola, which had 8 out of the 23 deaths reported for the first three months of the year.

The solution lies in an adequate appropriation for health, an investment which will save many times over in the amount of increased productivity and consumption of our own products. It would convert the leaners, tax consumers, into self-sustaining and tax producing people.

MALARIA RESEARCH

Mark F. Boyd, M. D. (Rockefeller Foundation)

The only data available bearing upon the incidence of malaria over the entire state of Florida are found in the mortality records of the Bureau of Vital Statistics. For reasons understood by those familiar with this type of record, they cannot be considered as an exact measure of the distribution or intensity of malaria, yet nevertheless, they afford a useful guide to the relative intensity in different areas. These indicate that while malaria is a public health problem which has some interest in every section of the state, the relative magnitude of its importance varies greatly in different regions. The highest incidence occurs in middle Florida, chiefly between the Suwannee and Apalachicola rivers, from which center the incidence declines as one progresses west, east or south until in the southern part of the peninsula, the lowest incidence is encountered.

During the past winter and spring, further data bearing on this question were gathered by the personnel of the division. In the course of this investigation, a large proportion of the rural schools of this region were visited and all, or a large proportion of, the children were examined for enlargement of the spleen, a common and characteristic symptom of chronic malaria. In the red hill section, many schools were found in which none of the children showed this indication of chronic malaria, while but rarely were schools met with where over twenty per cent of the children were affected. On the other hand, in the pine woods section, it was rare to encounter a school with an incidence below twenty per cent and many were found where the incidence exceeded forty per cent. This survey abundantly corroborates the indications of the mortality records.

There can be no doubt but that in the region noted above, malaria constitutes a public health problem of the first magnitude.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Lucile Spire Blachly, M. D., Director

FLORIDA'S RESOURCES

The following is a continuation of the report of the Sub-committee on the Hygiene of Maternity, Infancy and the Preschool Child of Section III, Public Health Administration, given May 1, 1931, at Gainesville. The full report was made under the headings: Introduction, Florida's Problems, Florida's Resources, Present Practices and Recommendations. The first two parts appeared in the May issue of Health Notes; the last two will appear in the coming issue.

Although considerable effort was put forth in obtaining and assembling the information contained in the section appearing in this issue, the writer feels likely it contains a number of errors and would therefore appreciate the reader's offering such criticisms as seem indicated to make the report more nearly correct, bearing in mind the report was compiled prior to May 1, 1931.

FACILITIES

(Necessary in the promotion of the hygiene of maternity, infancy and the pre-school child.)

Under this heading comes:

(a) Physical facilities such as hospitals, maternity centers, well baby centers, etc.

(b) Organized public health services such as state, city, county boards of health.

(c) Unofficial public health organizations, e. g. the Tuberculosis and Health Association.

(d) Professional groups such as doctors, nurses, dentists, etc.

(e) Midwives.

Hospitals: The 1927-28 Report of the Florida Hospital Association lists 65 hospitals with a capacity of 4370 for adults and 417 for infants. Of these 65 institutions, 46 have from one to 45 bassinets, 17 having ten or more and 29 less. The report lists one maternity hospital with 8 beds; one children's hospital with 25 and one crippled children's hospital with 20. The Florida Farm Colony for Epileptics and Feeble Minded with a bed capacity of 400 is included.

Prenatal Clinics (Permanent): A questionnaire floated about a year ago indicates only two hospitals having established prenatal clinics, namely, Duval County Hospital in Jacksonville and Jackson Memorial Hospital in Miami.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Well Baby Clinics: Well baby clinics have been established in Jacksonville, Tampa and Miami by the respective City Boards of Health and in Lee County by the county nurse.

Dental Clinics: Ft. Myers, Pensacola and Jacksonville reported permanent dental clinics but undoubtedly these are for school children.

State Board of Health: The State Board of Health besides the Administrative Head, has five bureaus, namely, Communicable Disease Control, Sanitary Engineering, Laboratories, Vital Statistics, and Child Hygiene and Public Health Nursing. Five district health officers stationed in five different parts of the state with the Director makes up the professional group having especially to do with the communicable diseases of children. The Bureau of Child Hygiene and Public Health Nursing has a staff of ten nurses and the Director who is a physician.

City Boards of Health: Of the nine cities having full-time health officers, six have nursing services employing a total of from one to 16 nurses. These are Jacksonville, 15; Miami, 5; Orlando, 3; Pensacola, 1; Tampa, 2; West Palm Beach, 2. Jacksonville has 5 colored nurses; Miami, 1; Orlando, 1, part-time; Tampa, 1.

County Boards of Health: Four counties have full-time health officers, Manatee and Sarasota having doctors of veterinary medicine and Taylor and Leon, doctors of medicine. Taylor has, in addition, one nurse, one sanitary officer and a clerk; Leon, two nurses, 2 sanitary inspectors, and 1 clerk.

Professional Groups: (private).

Doctors of Medicine: The Bureau of Vital Statistics of the State Board of Health registered 1504 in 1929. 1433 were white and 71 colored. There were 1483 males and 21 females. Two of the females were colored.

The American Medical Association Directory for the same year lists 32 physicians as preferring pediatrics and 54 as preferring obstetrics. Probably less than a dozen of the former are limiting their practices to pediatrics and still fewer of the latter to obstetrics.

Private Duty Nurses: The Registry for 1929 shows 1897 white nurses. The number specially trained in maternity and infancy nursing is not known.

Dentists: Information not obtained.

Public Health Nursing Services other than above services: At the time this study was made, 21 counties reported nursing services, usually nurses employed by the school board or the Red Cross. Gainesville has a full-time city nurse but Alachua County has none. Jacksonville has a total of 20 nurses with Duval County none. The

CHILD HYGIENE AND PUBLIC HEALTH NURSING

counties having one or more public health nurses are: Broward, Dade, Escambia, Hernando, Hillsboro, Indian River, Lake, Lee, Manatee, Marion, Orange, Osceola, Palm Beach, Pinellas, Polk, Putnam, Sarasota, St. Johns, St. Lucie, Seminole, and Volusia.

How Employed: At the time of the last revision of the list of employed public health nurses (1931) it was found of the total of 98 employed by the state, counties, cities, etc., 30 were employed by the cities, 25 by the counties, 10 by the State Board of Health, 10 by school boards, 8 by the Metropolitan Life Insurance Company, 7 by the Red Cross, 2 by county units, and 1 each by the Southern Bell Telephone Company, Afro-American Life Insurance Company, Local Tuberculosis Association, and Kiwanis Club, and 1 each jointly by City and County and Red Cross and Metropolitan.

Volunteer and like groups having to do with children:

The Florida State Tuberculosis and Health Association with local organizations in some of the larger cities constitutes the chief volunteer group.

A new organization, the Social Hygiene Association.

A Crippled Children's Commission has been created but so far lacks funds.

Hope Haven—A small institution for tuberculous children is in operation in Jacksonville.

Midwives—In January, 1931, the files of the Bureau of Child Hygiene and Public Health Nursing showed a total of 1154 midwives, 1060 being colored and 94 white. They vary in number from one in Hendry County to 55 in Duval County. 29 counties had from 1 to 10; 14 from 10 to 20; 11 from 20 to 30; 7 from 30 to 40; 1 from 40 to 50; and 4 over 50.

An intensive midwife survey now under way is bringing to light several that had been missed.

This intensive study already completed in Citrus, Columbia, Duval, Gadsden, Highlands, Madison, Palm Beach and Washington Counties, covering a total of 240 midwives, shows only 10% able to read and write well, while 56 2/3% read and write with difficulty and 33 and 1/3% are illiterate. The highest degree of illiteracy was found in Gadsden County—50%. Duval County showed 20% able to read and write well. None were graduate midwives. 7.75% in Duval County were registered nurses while one had had a year or two of medical training.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****INTESTINAL PARASITES**

The life histories of the common intestinal parasites are very interesting.

The hookworm which attaches itself to the wall of the small intestine discharges eggs at the rate of 9,000 per day for each female for long periods of time. It is not known how long this maximum rate of egg production keeps up but infestation has been known to persist from seven to nine years and since development cannot take place in the body, it must be that the individual worms are able to live for that length of time.

Since the eggs cannot develop in the body, they pass to the outside and there under favorable circumstances develop into tiny wiggling worms which are able to penetrate the skin through a pore or hair follicle. This is usually done between the toes where the skin is thin and soft. The first effect is the "ground-itch" or "toe-itch" which is so common in children who go barefooted in places infested with hookworm.

The next thing that is usually noticed is that the patient develops a dry, hacking, unproductive cough. This is due to the fact that the hookworms have got into the blood stream and coming to the lung, have burrowed through the walls into the air-sacs. Sometimes a heavy infestation brings so many hookworms into the lung at one time as to cause an irritation that resembles pneumonia.

Having penetrated the air-sacs, the worms work their way or are carried into the wind pipe, where they are coughed up and swallowed, thus getting into the intestine where they go through the rest of their life cycle.

It seems that they take a lot of trouble to get into the intestine, but all these experiences seem to be necessary to fit them for normal life.

The ordinary round worm is known as ascaris. A large female ascaris can produce 200,000 eggs per day for six months. Ordinarily, these worms do not live more than eight or nine months so that ascaris infestation dies out much more quickly than hookworm.

Like hookworm eggs, ascaris eggs must pass to the outside to develop. They develop into little worms but these do not break the shells of the eggs until they have been swallowed and have reached the small intestine. Here they do break out and penetrate the walls of the blood-vessels and then they go over exactly the same path as do the hookworms, to get back to the small intestine, that is, through the lungs, the wind pipe and the esophagus. We do not know why the ascaris is not satisfied to remain in the small intestine the first time he gets there.

BUREAU OF DIAGNOSTIC LABORATORIES

The respective rates at which these organisms produce eggs must be a rough index of the risks run by the individual eggs. If two of the 36,000,000 eggs laid by a large ascaris in the course of her life reach maturity, the species will not die out.

Since the ascaris egg must be carried to the mouth of the human host, the female ascaris must lay a great many more eggs. The hook-worm does some of his own home seeking so his female does not have to produce so many eggs.

The reason I knew so much about these worms just now is that Dr. W. W. Cort and Dr. G. F. Otto of the School of Hygiene and Public Health of Johns Hopkins University are making a special study of ascaris in certain parts of Florida. They are making their headquarters in the Jacksonville Laboratory and we are all learning a great deal about ascaris and other intestinal parasites.

They have been very helpful to us. Indeed, Dr. Otto even helped me to write this article.

SUMMARY OF WORK DONE IN APRIL, 1931

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2414	320	45	172	249	3200
Diphtheria	457	262	56	177	27	979
Typhoid	430	142	21	102	51	746
Malaria	358	150	27	13	122	670
Rabies	22	6				28
Tuberculosis	265	117	15	69	15	472
Gonorrhea	533	220	28	104	43	928
Kahn	3717	1088	154	735	157	5851
Water		31	8	242	1	282
Milk	558	406	560	803	75	2402
Miscellaneous	27	2	23	100	1	153
	<u>8781</u>	<u>2744</u>	<u>937</u>	<u>2508</u>	<u>741</u>	<u>15711</u>

Specimen Containers Distributed 8095

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	65 Packages
Toxin Antitoxin.....		4920 C. C.
Schick.....		2750 Tests
Tetanus Antitoxin.....	20,000 units	10 Packages
	10,000 units	10 Packages
	1,500 units	465 Packages
Typhoid Vaccine.....		8468 Treatments
Vaccine Virus.....		2930 Capillaries
Antimeningococcus Serum.....		6 Cylinders
Antirabic Virus.....		35 Treatments
Carbon Tetrachloride.....		1783 Capsules

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****RED BUGS — CHIGGERS — HARVEST MITES**

A very annoying but not dangerous semi-parasite is the red bug. It is widely distributed and those who go into the woods or gather wild berries are apt to suffer an invasion.

There are a number of home remedies that have been recommended and praised highly by different individuals for treatment after one has acquired these bugs and they have entered the hair follicles. Among these, the most common is salted butter or any salty grease to be rubbed over each area affected. Another treatment is to rub the spot vigorously with a wad of cotton saturated with rubbing alcohol and then apply a patch of zinc oxide adhesive. A third remedy is the application of carbolated vaseline which can be purchased at any drug store. These remedies are all somewhat palliative but do not give entire relief. After the bugs have penetrated the skin, one must endure them for a few days after which the annoyance ends spontaneously.

Of much greater value than the treatment are the preventive measures. One must observe, for himself, the various areas where the bugs are acquired and, if possible, avoid these places. If one must go into infested spots, a good deal of protection is afforded by dusting into the clothing particularly around the shoe tops, stocking tops and garters and at the waist line, a small amount of common sulphur. This may also be rubbed directly into the skin. A convenient way to apply the sulphur is to tie it up in a sock and then pat it over the area to be dusted just as the ladies use a powder puff. Enough of the sulphur will sift through the meshes of the fabric to repel or destroy the red bugs.

If one does not spend more than an hour in the woods, protection will be afforded by a complete change of clothing and a thorough bath with strong tar soap or with kerosene. The latter, of course, is to be followed with soap and water. If the same clothing is to be again used within three days, it should be laundered or fumigated in a tightly closed can with carbon bisulphide. A half teaspoonful in a large lard can does very well. Pour the liquid onto the clothes after placing them loosely in the container. These animals will remain a day or two on the shoes and become very troublesome if the shoes are again worn without the fumigation or the three days interval suggested above.

PREVENTION OF CANCER

Joseph Colt Bloodgood, M. D., associate professor of clinical surgery, Johns Hopkins University, discusses the above subject in a letter

BUREAU OF COMMUNICABLE DISEASES

to the editor published in the June 13, 1931 issue of the Journal of the American Medical Association. Both physicians and lay people should read and study it. He says that "apparently the greatest protection from cancer of the cervix (neck of the womb) rests on annual or semi-annual pelvic examinations between the birth of children and after the birth of the last child."

Although there is much to learn about cancer, some facts are pretty well established. It is generally accepted that cancer begins in a local spot from cells or tissue already present and there is, at first, a perceptible lesion or spot or growth before there is any cancer, that is, malignancy. This precancerous growth is apparently started by an injury or irritation and can often be observed on the skin and in the mouth. Similarly, it may be detected elsewhere if sought.

It is the duty of every practicing physician, says Dr. Bloodgood, to suggest to every mother who comes under his observation the importance of a pelvic examination. He urges that every woman who has borne children should demand a proper pelvic examination.

PELLAGRA YEAST

The State Board of Health has just purchased a supply of dried brewers' yeast in two pound packages. This is to be used in the treatment of pellagra patients. If the attending physician gives the name and address of the patient and certifies that he is indigent, this product will be sent free. To those who can pay, it will be sold at fifty cents (50c) per two pound package. This is just enough to cover the cost and shipping expense. A post office money order payable to the State Board of Health must accompany purchase orders.

Yeast is not furnished as a "tonic" or any other purpose than treatment of pellagra.

All patients should be under a physician's care and observe carefully his advice as to diet.

COUNTY UNIT LAW

The 1931 legislature enacted into law the county health unit or rural health service bill. This grants authority to boards of County Commissioners to levy sufficient taxes for the support of a local health program. The county unit plan has been discussed before and will, no doubt, be explained more minutely in future issues of Health Notes.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****THE GOOD OLD SUMMER TIME**

With the advent of May, Florida folks and our winter visitors who have adopted the very worth while idea of "stay through May", begin to think of the good old summer time. Beaches are calling, the out-of-doors summons us, and the old sunshine fills us full of that "ultra violet" that we are so abundantly blessed with in Florida.

Florida in the summer has some drawbacks and many advantages. Let us give a thought to health during the summer months.

After the daily routine, how about a game of golf and a plunge into some of our large springs or artesian-fed pools? Now-a-days the old swimming hole is only occasionally found where one of our lime stone springs gush from the earth. But even here, the old hickory limb clothes tree has been replaced by a dressing room, and sanitary facilities provided. Creeping eruption has been run to earth and more care is being taken to prevent such infection. The State Board of Health is actively engaged in protecting your health by rigidly inspecting swimming pools and having them in sanitary condition. It has not the personnel to control swimming holes. Therefore, you must run the risk of infection if you patronize swimming places that are not under the supervision of the State Board of Health. We suggest you ask the proprietor of your swimming place if he has a certificate of approval in the form of a permit from this Bureau.

And safety first—watch where you dive and do not stay in too long.

While on the subject of swimming: the Bureau publishes a list of permitted swimming pools. It is yours for the asking. When Johnny goes marching off to swim, ask him where he goes. Our gulf and ocean beaches are free of contaminating influences but we do use rivers and streams for sewage disposal, so we suggest you ask us for an inspection of your bathing place. We know the sewage polluted waters and will be glad to check (without expense) your bathing place for you.

We suggest that you patronize the places that protect your health.

In the good old summer time, we all desire a coat of tan. How best to get it is not easily answered. We suggest you consider sunburn as a dangerous burn until you have acquired that protecting coloration. Perhaps sunburn might be decidedly dangerous to you, (better ask the family physician). Anyhow, take your sun exposure slowly. The coat of tan acquired in a few days may blister and peel so take it easy.

BUREAU OF ENGINEERING

While we are still on the beaches, or anywhere else for that matter, let us watch out for accidents. Riding the running board or fenders at 60 miles per hour may be great sport but a ripple in the beach or a pebble on the road may make your ride the one before the last one! It is glorious skimming down the strand but—safety first. Be careful.

If you are off into the woods, may we suggest that unknown berries and fruits be left to the animals of the green forests, for sampling such unknown fruits may prove fatal. And if you meet the poison ivy vine, nettles, etc., do not grasp them in friendly embrace. Better say adieu at a distance. And our old friends—the red bugs! Well, we need not tell you of them. They are to be met everywhere, and remedies are as numerous as they are. We suggest flowers of sulphur dusted on your lower limbs as a preventative and a warm soapy shower after each trip. Sand flies? We know not the reason for these winged devils but they are with us and until Dr. Dove and his assistants of the Bureau of Entomology at Charleston have found out some of the habits (other than biting) of this pest, we can only say that we hope they don't bother you. Don't burn your light at night very much; a 16 mesh screen is a boulevard for the "no-see-ums" to come through. A little kerosene brushed on the screens helps at times.

And mosquitoes! Well, reams have been written of them. We suggest that you get behind screens early in the evening before dusk. If you are in *Anopheles quadrimaculatus* country, and malaria is common in your community, as dusk comes get behind 16 mesh screens or keep moving. Our inland marsh mosquitoes, *Mansonia perturbans*, are so clumsy and awkward that you can kill them out easily if they get inside the house. They are vicious biters although not disease transmitters. Of the salt marsh mosquitoes, if they are bad where you live or stay, we suggest you make a complaint. They can be eliminated to such a degree that they are not bothersome. If you doubt this, write anyone at Ft. Pierce, Florida and see if Fort Pierce now has a mosquito problem. If you do not know anyone there, we suggest you write to Mr. W. I. Fee of that city.

A few good Floridians think it necessary to send their children off to summer camps. This may be desirable but we question the necessity as a general rule. At your child's camp, have you considered the camp's water and milk supply? Is it safe and protected by chlorination or pasteurization? Are insects that carry disease common to the locality of the camp? Is the swimming place free from pollution that might cause disease? Are there ample life guards, expert swimmers and physical instructors available? Is the food prepared in an intelligent way following a diet list suitable for your child? Are the cooks, etc., above suspicion as typhoid carriers? Is the camp provided with an emergency safety-first kit and are physicians within

BUREAU OF ENGINEERING

reach by road or phone? Do they check upon the camp sanitation and children's health every day? Is the camp prepared to isolate communicable disease cases? Give a thought to the camp that Johnny or Jane is going to; read the catalogue with the above questions in mind. And if you are in doubt, this Bureau will inspect any camp in Florida for you and give you the data. On camps outside of Florida we can use our good offices with the State in question and very probably get a camp checked up for you. Ask us.

And so we can go on. In the good old summer time, let's take things in a quiet way. Better be inoculated against typhoid now; watch the water you drink and the food you eat this summer; consider what you are swimming in and do not stay in too long or attempt stunts. Keep normal when motoring; watch for accidents.

Let us make all the summer like the Fourth of July—SAFE AND SANE.

On reading this over it seems that we have omitted a very important item of danger in the summer time—that is the moon. We, however, leave that to you—moonlight or moonshine—be careful.

DRY WEATHER

Florida has not experienced a drouth as yet, but we are, in the northern and western portions of the state, experiencing a lack of rainfall such that due to this factor and heavy evaporation, many of our ponds, lakes and streams are either dried up or very low. Crops have been somewhat damaged but no public water supplies affected as our underground storage is exceptional.

Drying up ponds, etc., will reduce the mosquito crop this summer AND it will also afford the people a chance to drain low areas, put in ditches and be prepared to keep mosquito-breeding places at a minimum when the rains set in. Fish life will be destroyed so it will be wise for the sanitary officer to be prepared to restock ponds etc., with *Gambusia* and other mosquito larvae-eating fish. They are a factor in keeping mosquitoes down.

It has been our experience that after a prolonged dry season, we have a sharp increase of malaria when the rains come again. Prepare now—do your drainage while the work is easy; mosquito proof your homes: dust the remaining ponds with Paris green lime mixture, or oil them every week. Think about it and act. Remember—this Bureau will help you on any mosquito problem. Many cities in Florida can be made mosquito free with a little drainage, dusting or oiling.

FIRE

Fire plays no small part in destroying wealth. Careless or criminally inclined people fire the woods in dry seasons "to make grass grow"—an utter fallacy. School houses are "fire destroyed"

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often because patrons are dissatisfied with the existing structure or because of personalities. Do your part—keep fire out of the woods and out of our school houses; don't throw that match out of the car window; be careful of the fire under the clothes pot; don't "set the woods" and if you observe this being done, put the fire out and then report the person setting the blaze to the proper authorities.

Help prevent destruction by fire.

SCHOOL DAYS

School days are over throughout most of the state for the pupils and teachers but for the county superintendents these summer days are days of planning and thought for the coming year. If you know of new schools to be built or additions to existing schools, let us hear for we are interested in getting new structures built according to scientific design with modern plumbing and sanitation. If a school house burns up, let us hear so we can assist in planning for the new one. Our services are free and in accord with our policy of providing sanitary structures for the use of our youth. Many structures are unsafe for human occupancy and we urge every patron to ask for an inspection of his school, especially if it is in the rural sections of the state. Let us build safe, substantial buildings properly located. Be careful, if you remodel your existing building, that you do not make it a fire trap. Ask us to go over the plan with the proper authorities.

ASSISTANT ENGINEER RESIGNS

Vincent B. Lamoureux, assistant engineer with the Bureau of Engineering, State Board of Health since January 1, 1926, has resigned to accept a commission in the United States Public Health Service as assistant engineer with the grade of assistant surgeon.

Mr. Lamoureux graduated from Cornell University with a degree in Civil Engineering and prior to entering the service of the Florida State Board of Health had experience with the Illinois Department of Public Health in a similar capacity.

His new duties began about July 1st and he has been assigned to Interstate Sanitary District Number 2, of which the State of Florida is a part, with headquarters at Washington, D. C.

Mr. Lamoureux's most noteworthy achievement while with the Bureau was the rehabilitation of Moore Haven following the 1926 storm. He was especially active in water purification plant control, swimming pool sanitation and in conducting the 1930 screening demonstration. For four years he was in charge of the west coast district, centering about Tampa.

His friends in Florida congratulate him in this step forward in public health work and extend him every good wish for the future.

Owing to uncertainty of legislative appropriations, Mr. Lamoureux will not be replaced at this time.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

VIEWING MALARIA'S TRAIL



Tombstones are invariably found in the wake of malaria. Fortunately, this disease, which takes a heavy toll in loss of life, is not generally prevalent in the United States, being more or less restricted to certain well-defined areas. In the southern states, we find the highest death rates from this disease. Accord-

ing to the 1928 figures released by the United States Bureau of the Census, Arkansas had the highest rate of any state, 44.7 per 100,000 population. Mississippi was second with a rate of 30.9 and Florida third with a rate of 28.4. South Carolina was fourth with a rate of 20.5, Georgia fifth with a rate of 17.1, Louisiana sixth with a rate of 12.7 and Alabama seventh with a rate of 11.8. Twenty-nine states had rates below 9, and the balance reported no deaths from malaria.

A glance at the leading causes of death in Florida for 1930 finds malaria to be the thirteenth in importance. The highest death rate from this disease recorded in Florida was for the year 1919 when a rate of 46.0 per 100,000 population was established. For that year, 440 deaths were registered indicating the cause of death to be malaria. In 1929, there were recorded 470 deaths but owing to our increase in population, the rate was reduced to 32.8. The table accompanying this article indicates the deaths and death rates, by color, from 1917 to 1930, inclusive. Statewide reporting of deaths in Florida became effective the 1st of January, 1917. Records prior to that date are meager and incomplete, making it impossible to determine the ravages of this disease or, in fact, any other disease. It is interesting to note that the death rate is higher from this disease among the colored population than among the white. In some years, the colored rate was two or three times as great as the white. The chart appearing on the back cover indicates the malaria death rates, by years, in the state of Florida as compared with the rates in the United States Registration Area. By this comparison, we find that while malaria is a real problem in Florida, it is of much less importance in the United States as a whole.

Rainfall appears to be significant in connection with the rise and fall of mortality from malaria. Through the courtesy of Alexander J. Mitchell, meteorologist in the Florida section under the United States Department of Agriculture Weather Bureau, we obtained the average precipitation in inches by years in Florida. In the chart referred to, this information is shown in connection with the death rates and the similarity bears out this theory. For the years 1919 and 1920, the malaria death rate shows an unusual peak with the average rainfall showing an unusual rise. In 1921, the death rate rapidly declines with the rainfall in inches "following suit". In 1922, the

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death rate rises and the rainfall rises. In 1926, the death rate rises and the rainfall rises. In 1927, the rate declines again with the rainfall unusually low. In 1928 and 1929, the death rate rises sharply and coincident with this, the rainfall likewise rises. In 1930, the death rate declines rapidly while the rainfall slightly increases. While the general trend of malaria mortality and rainfall appear to follow the same variations, there are a few years to the contrary. Whether or not there were definite reasons for the mortality not following the rainfall may be given by some scientist who has studied these problems closely. Where intensive malaria control measures have been carried out, a decline in the mortality rates will follow in spite of the amount of rainfall. This, therefore, leaves the question open for further study.

A conventional map hangs on the wall of our office indicating the death rates by counties. By a glance at this map, the malaria area is readily discernible. The counties surrounding Taylor, extending farther in some directions than others, have been considered one of the danger zones. While a few deaths from this disease occur along the east coast of the state, there is less danger of infection than in the district to which we have just referred. Brackish and salt waters are not considered harbors for what is known as the malaria mosquito. This protection, with possibly better screened houses, is at least in part the answer.

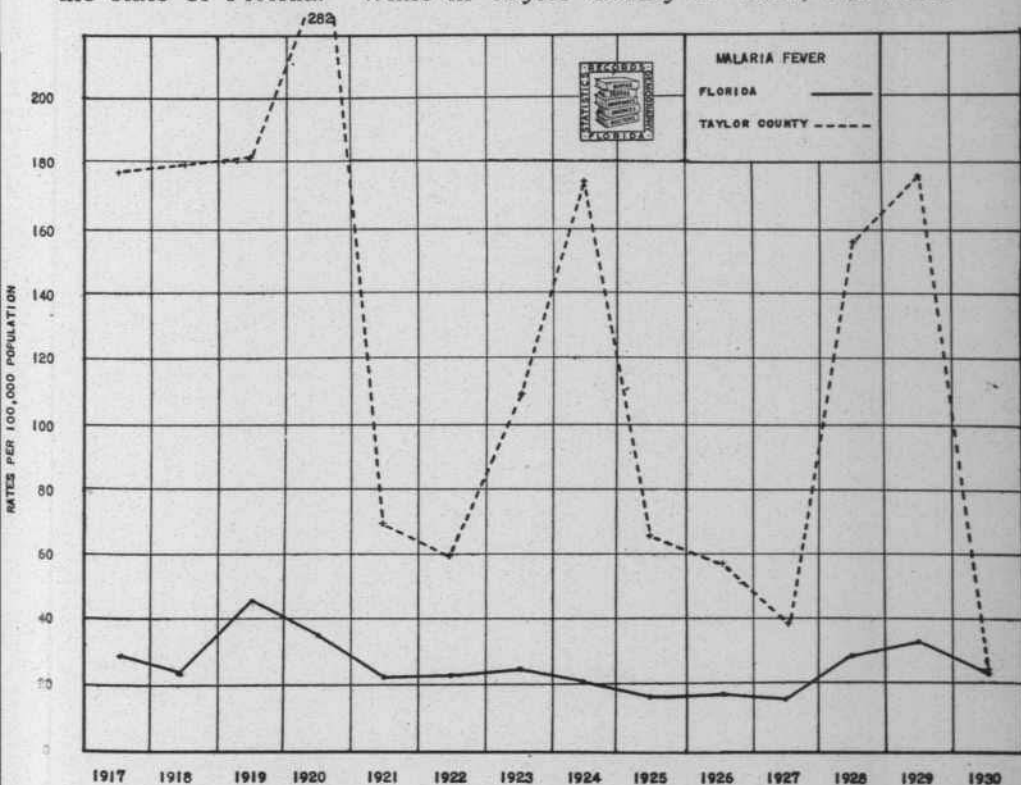
Since 1917, the writer has been interested in making available, by tabulations, information gleaned from the death certificates re-

Malaria Deaths and Death Rates per 100,000 Population
By Color—Florida, 1917-1930

Years	Total		White		Colored	
	Malaria Deaths	Rates per 100,000Pop.	Malaria Deaths	Rates per 100,000Pop.	Malaria Deaths	Rates per 100,000Pop.
1930	332	22.4	182	17.4	150	34.4
1929	470	32.8	259	25.7	211	49.6
1928	388	28.1	224	23.2	164	39.5
1927	208	15.6	92	9.9	116	28.6
1926	223	17.3	98	11.0	125	31.6
1925	209	16.9	112	13.2	97	25.2
1924	249	21.0	123	15.1	126	33.6
1923	293	25.7	161	20.8	132	36.1
1922	247	22.7	127	17.3	120	33.8
1921	231	22.2	120	17.2	111	32.1
1920	352	35.5	197	30.0	155	46.2
1919	440	46.0	254	40.4	186	56.5
1918	224	24.0	122	20.1	102	31.2
1917	273	29.9	158	26.9	115	35.4

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ceived month by month and year by year. Taylor County has been expected to be responsible for an unproportionately large number of deaths from malaria as compared with the other counties in the state. In 1920, the state health officer came into the writer's office inquiring as to the county in Florida having the highest death rate from malaria. Taylor County was immediately named. For that year the rate was 282 per 100,000 population in Taylor County. Work was, therefore, concentrated in this particular county, the Bureau of Engineering of the State Board of Health taking the lead. A representative from the United States Public Health Service was loaned to Florida for work in this area. The lumber interests contributed a large sum of money, county officials and prominent citizens who were interested contributed their part in time and money, all working under the supervision of the State Board of Health. The usual control methods were applied, the Engineering Bureau doing its part and the Communicable Disease Bureau stationing a district medical officer there for almost a year who dispensed quinine regularly. In 1920, 32 deaths were registered in Taylor County from malaria while the following year, there were only 8. The chart accompanying this article indicates the malaria death rates by years for Taylor County as compared with the state of Florida. While in Taylor County in 1921, the writer



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was told by an old resident that it was now possible to sit on his front piazza every evening without annoyance by mosquitoes. He also stated that it was the first time in fifteen years he had been able to enjoy such comfort.

Considerable money has been spent and much time and effort expended in efforts to reduce the mortality from malaria. Taylor County is doing its part and we believe that it is bound to succeed. In 1921 and 1922, the mortality from malaria was far below any previous records. In 1923, there was a rise and also in 1924, when the high peak is noted on the chart. In 1925, there is a rapid fall and in 1926 the rate is still declining. In 1927, the lowest rate thus far recorded to that date is noted. In 1928, the rate again jumps to a high level and in 1929 still higher while in 1930, the rate falls to almost that of the average for the state and is the lowest rate ever recorded in Taylor County. Space does not permit the review of Taylor County's history which bears on the rise and fall of the malaria rate but it is worth while in passing to mention that there are some outstanding individuals in Taylor County who have kept up the fight. They sent representatives to the Anti-Mosquito meeting in Fort Pierce in 1929, also to Sarasota to a similar meeting in 1930 and they succeeded in having the 1931 Anti-Mosquito meeting in Perry where citizens from all over the state assembled, learning from the lips of specialists and outstanding men from different parts of the country, the story of malaria and known methods for its control. In 1929, 23 deaths were charged against Taylor County for malaria while there were only 3 deaths last year. This unusual drop is pictured on the chart which appears on the foregoing page.

The readers of Health Notes will remember that the first county health unit organized in Florida was about September, 1930 in Taylor County. There is now in this county a strong health organization under the supervision of a medical director. If the splendid record made in 1930 is maintained or lowered, it will not only speak well for this county health unit and all other influencing factors but will absolutely justify every dollar spent by the county, the State Board of Health, the United States Public Health Service and all other contributing organizations.

The following table indicates the number of deaths from malaria, by months, for 1931 as compared with the previous year. Provisional figures.

Year	Jan.	Feb.	Mar.	Apr.	Total	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1931	11	6	10	13	40									
1930	17	15	10	19	61	16	24	45	50	47	49	25	15	332

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NOTELETS

The state enabling act in connection with county health units, fostered by the State Board of Health and with cooperation of many official and independent organizations in the state of Florida became a law as the Governor's signature was affixed. This new law which has just been written into the statutes of the state of Florida will make possible in the various counties of the state definite protection of their citizens and is a commendable step in the progress of preventive medicine and protection in Florida.

* * * *

Pinkeye is an inflammation of the conjunctival membrane of the eyeball. It is caused by a nonmotile bacillus, says Hygeia. The disease is contagious and may be spread by insects. It can be remedied by the proper treatment.

* * * *

On receipt of applications for disinterments, it was gratifying to find that the original death certificates were on file even though in one case the date of death was in 1887. Two death certificates were dated 1891, four 1892, two 1894, one 1895, two 1902, three 1903 and two 1914. Although registration during these years was not 100% in Florida, it is gratifying to note the interest that was taken in registration forty years ago.

* * * *

The successful removal of many cataracts each year in the United States is enabling older persons to regain their eyesight. A host of these afflicted persons had believed that they were too old for an operation or that cataracts could not be removed, states Dr. Louis Lehrfeld, author of an article on cataracts in Hygeia. The operation for removal of cataracts is comparatively simple and may be performed upon any person despite his age.

* * * *

The country teacher has a real opportunity to teach health by making use of the few facilities that are offered, in the opinion of Dr. J. Mace Andress, writing in Hygeia. Each child should have an individual cup; a hot dish may be warmed on the stove for lunch and a health club may be organized to solve the problems of cleanliness.

There are at present from 600 to 800 leprosy patients in the United States and approximately three million lepers in the world, says Hygeia. Most of the lepers in this country are confined to the leprosarium at Carville, La. A recent report shows that only one of thirty-one who were discharged as cured had a relapse.

* * * *

The problem of taking a baby on the family vacation is simplified by the use of dry milk. Never carry milk in a thermos bottle, because of the danger of having bacteria multiply in the slightly warm mixture, a Hygeia author, Dr. A. B. Schwartz, warns mothers. Traveling unprepared may spoil baby's stomach as well as his parents' dispositions.

* * * *

The enacting of the county health unit bill into a law in Florida signifies a definite step of progress in health work. Recently, the following statement was made by Surgeon General Hugh S. Cumming: "The practicability and value of local whole time health service conducted through county health departments have become definitely established and it is now generally recognized that the health matters of a community can be best administered through an official local health organization with a competent whole time public health director at its head."

* * * *

Anti-Mosquito Campaign gets official okeh. The Secretary of War concurs in Senator Duncan U. Fletcher's suggestion that the War Department cooperate with the United States Public Health Service in the extermination of the mosquito nuisance at Fort Dade and DeSoto and continuous area under the exclusive jurisdiction of the health department. The statement was made relative to the Anti-Mosquito Campaign being conducted at St. Petersburg.

* * * *

Honorable Charles O. Ross, county judge of Hendry County, died May 26, 1931.

BUREAU OF VITAL STATISTICS

Malaria Deaths and Death Rates per 100,000 Population
By Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Malaria Deaths	Rates per 100,000	Malaria Deaths	Rates per 100,000	Malaria Deaths	Rates per 100,000
0. State.....	332	22.4	182	17.4	150	34.4
1. Alachua.....	12	34.7	4	20.8	8	51.9
2. Baker.....	1	15.9	1	22.2	—	—
3. Bay.....	4	33.1	3	33.3	1	32.3
4. Bradford.....	4	42.6	3	44.8	1	37.0
5. Brevard.....	0	—	0	—	0	—
6. Broward.....	0	—	0	—	0	—
7. Calhoun.....	7	95.9	5	84.7	2	142.9
55. Charlotte.....	1	25.0	0	—	1	125.0
8. Citrus.....	11	200.0	9	243.2	2	111.1
9. Clay.....	0	—	0	—	0	—
62. Collier.....	0	—	0	—	0	—
10. Columbia.....	10	68.5	7	78.7	3	52.6
11. Dade.....	2	1.4	2	1.7	0	—
12. DeSoto.....	0	—	0	—	0	—
56. Dixie.....	20	307.7	15	428.6	5	166.7
13. Duval.....	8	5.1	4	3.9	4	7.5
14. Escambia.....	10	18.6	4	10.1	6	42.9
53. Flagler.....	1	40.0	0	—	1	111.1
15. Franklin.....	4	63.5	2	52.6	2	80.0
16. Gadsden*.....	27	90.0	6	46.2	21	123.5
64. Gilchrist.....	5	122.0	4	121.2	1	125.0
57. Glades.....	0	—	0	—	0	—
65. Gulf.....	2	62.5	2	95.2	0	—
17. Hamilton.....	5	52.6	2	35.1	3	78.9
58. Hardee.....	1	9.6	1	10.5	0	—
63. Hendry.....	0	—	0	—	0	—
18. Hernando.....	1	20.0	1	28.6	0	—
59. Highlands.....	0	—	0	—	0	—
19. Hillsboro.....	5	3.2	4	3.2	1	3.4
20. Holmes.....	7	54.3	7	56.0	0	—
66. Indian River.....	0	—	0	—	0	—
21. Jackson.....	22	68.8	11	56.4	11	88.0
22. Jefferson.....	18	134.3	3	69.8	15	164.8

* State Hospital Inmates Included.

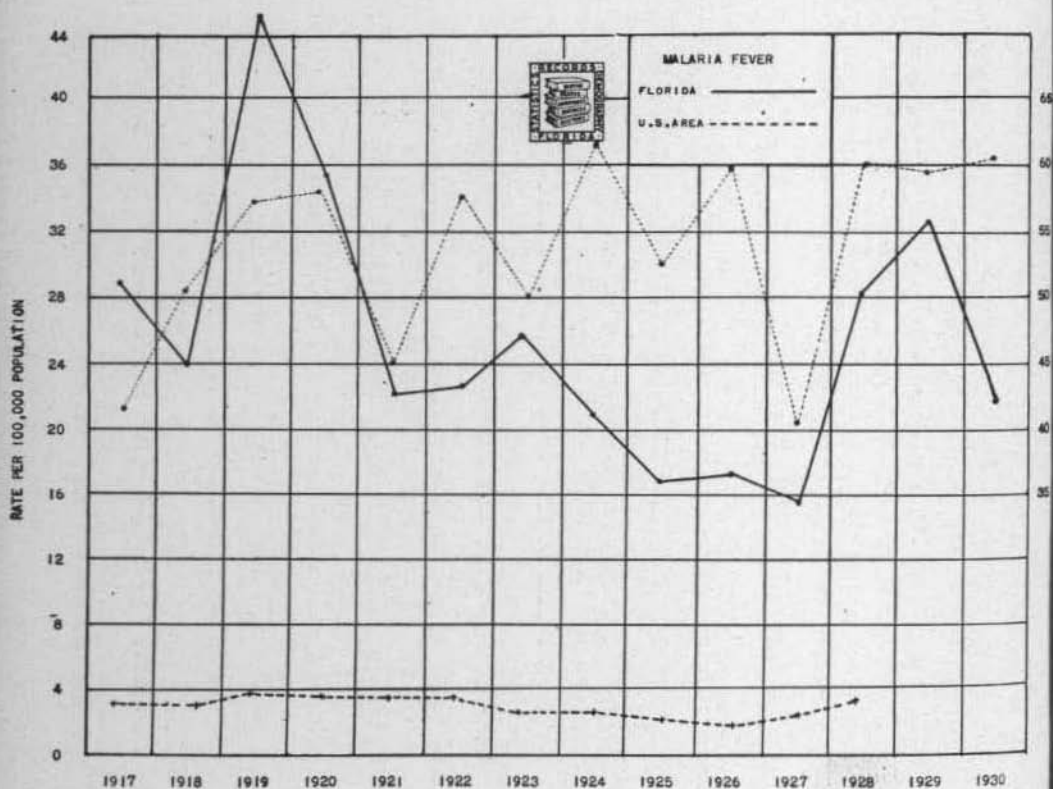
BUREAU OF VITAL STATISTICS

Malaria Deaths and Death Rates per 100,000 Population
By Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Malaria Deaths	Rates per 100,000	Malaria Deaths	Rates per 100,000	Malaria Deaths	Rates per 100,000
23. Lafayette.....	4	90.9	3	81.1	1	142.9
24. Lake.....	2	8.5	1	5.9	1	15.4
25. Lee.....	0	---	0	---	0	---
26. Leon.....	6	25.4	3	30.6	3	21.7
27. Levy.....	23	184.0	14	181.8	9	187.5
28. Liberty.....	1	24.4	1	37.0	0	---
29. Madison.....	5	32.1	1	13.5	4	48.8
30. Manatee.....	2	8.8	1	6.3	1	14.5
31. Marion.....	18	60.6	8	52.6	10	69.0
67. Martin.....	1	19.2	0	---	1	50.0
32. Monroe.....	0	---	0	---	0	---
33. Nassau.....	3	31.9	2	36.4	1	25.6
34. Okaloosa.....	2	20.2	2	22.5	0	---
54. Okeechobee.....	2	47.6	1	34.5	1	76.9
35. Orange.....	6	11.9	5	13.1	1	8.1
36. Osceola.....	1	9.3	0	---	1	32.3
37. Palm Beach.....	0	---	0	---	0	---
38. Pasco.....	0	---	0	---	0	---
39. Pinellas.....	3	4.8	1	1.9	2	17.9
40. Polk.....	9	12.3	3	5.3	6	37.0
41. Putnam.....	0	---	0	---	0	---
42. St. Johns.....	2	10.6	1	8.3	1	14.9
43. St. Lucie.....	0	---	0	---	0	---
44. Santa Rosa.....	2	14.2	2	16.8	0	---
60. Sarasota.....	0	---	0	---	0	---
45. Seminole.....	6	31.7	3	28.8	3	35.3
46. Sumter.....	7	65.4	4	53.3	3	93.8
47. Suwannee.....	10	63.7	7	67.3	3	56.6
48. Taylor.....	3	22.7	3	36.6	0	---
61. Union.....	0	---	0	---	0	---
49. Volusia.....	3	6.9	0	---	3	23.8
50. Wakulla.....	10	181.8	7	218.8	3	130.4
51. Walton.....	6	41.1	3	25.2	3	111.1
52. Washington.....	7	57.4	6	62.5	1	38.5

MALARIA

A comparison of Death Rates in Florida with United States Registration Area, by years; also Florida rainfall in inches by years.





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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

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Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

HUMAN SACRIFICE — *Eaton*

HOOKWORM CONTROL — *Brink*

TYPHOID MORTALITY — *Thompson*

WATER SUPPLY RECORDS — *Filby*

SINTON TREATMENT FOR MALARIA — *Boyd*

HIGH POINTS IN BUREAU PROGRAM — *Blachly*

THE STATE BOARD OF HEALTH AND YOU — *Hanson*

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ADMINISTRATION**Henry Hanson, M. D., State Health Officer****THE STATE BOARD OF HEALTH AND YOU**

How many know what the State Board of Health is or what it does? Aside from the physicians, who are constantly utilizing the laboratories, it is highly probable that relatively few people within the state know what its functions are and, strange to say, many who should know do not even know that its headquarters are located in Jacksonville. Jacksonville was designated because it is the railroad centre and almost equally distant from Key West and Pensacola. The City of Jacksonville donated a block of ground, bounded by Julia Street on the east, Second Street on the south, Pearl Street on the west and Hogans Creek on the north, for the headquarters buildings.

In the building erected in 1911 are located the office of the State Health Officer, Administration Offices, the Bureau of Communicable Diseases, the Bureau of Child Hygiene and Public Health Nursing, and the Central Laboratory of the Bureau of Laboratory Investigation. They have been called the Bureau of Diagnostic Laboratories which is somewhat of a misnomer. The Laboratories do not make diagnoses. They simply report to the physicians whether or not a reaction characteristic of the suspected disease is found in the specimen of material submitted. The work of the laboratory, however, is often the strongest link in the chain of evidence on which a diagnosis is made.

In the main building we formerly had the offices of the Sanitary Engineer and the Vital Statistician, but both of these have developed into Bureaus of considerable magnitude and the old building is too small to house the entire organization. The Engineering Bureau was moved into a building erected by Dr. Porter for guinea pigs, rabbits and other animals needed for the work of the laboratories. The Bureau of Vital Statistics overflowed its space until it became necessary to find suitable space in some fire proof building and was moved into rented quarters down town for which \$4,400.00 is paid yearly in rental.

There is ample space on the grounds, however, for a building which can provide for the needed expansion of the entire organization for a period of the next forty years. Such a building could be erected now at a cost of 30% lower than during normal times.

What does it mean to you when your child is bitten by a mad dog, or by a cat or any other animal and you want to know what can be done to save the innocent victim from the most dreadful of all deaths, hydrophobia? The State Board of Health Laboratory furnishes the information which saves your child.

What does it mean to you when your child has a sore throat and you do not know whether it is diphtheria or a "simple sore throat", whether diphtheria antitoxin should be given or not?

ADMINISTRATION

What does it mean when the child has a fever and you want to know if it is typhoid, malaria, tuberculosis, Brill's disease (typhus), the eastern variety of Rocky Mountain spotted fever, undulant fever or some other ailment?

What does it mean to you to know whether your child has hookworms, pinworms, round worms, tapeworms or some other variety of intestinal infection? It makes a difference—each variety of worm responds to a specific treatment.

What does it mean to you to know whether or not you are free from disease which can be transmitted to your unborn child?

What does it mean to you to know that you are drinking a water which is safe and free from contamination with the contents of some other person's intestinal tract?

What does it mean to you to know that you can protect your children from diphtheria, smallpox, typhoid fever, scarlet fever, hookworms, malaria, tuberculosis and all the communicable diseases?

What does it mean to you to know that the dangers of childbirth can be reduced to a minimum and that you may have healthy children?

What does it mean to have the services and advice of that Angel of Peace, the Public Health Nurse?

What does it mean to you to know that the bookkeeper of life and death (the vital statistician) has accurate, permanent records of your birth and of the causes which have carried away your parents or other members of your family?

The above represent some of the functions of the State Board of Health. The State Board of Health cooperates with the medical profession and those who anxiously watch when you are hovering on the brink of life and death.

NOTELET

On July 15th, Mr. E. C. Stoy of the U. S. Public Health Service left his Florida assignment with orders to proceed to Kentucky to report to the State Board of Health of that state for duty.

Mr. Stoy has been on duty in Florida from May 1, 1930 in the interest of developing the full time county health unit plan in this state. He has been very energetic and often inspired his associates with enthusiasm for the work. He took an active part in securing the passage of the Enabling Act as well as the State Law for Control and Licensing of Midwives.

The Staff will miss him in Staff Meetings and on other occasions. All wish him well and a useful, successful service wherever he may go.

DIVISION OF MALARIA RESEARCH

Mark F. Boyd, M. D., Director

THE SINTON TREATMENT FOR MALARIA

The difficulty of convincing malaria patients of the necessity for faithfully taking quinine sulphate over a period of several weeks, may interest Florida physicians in a new regimen of treatment recently introduced by Major J. A. Sinton of the Indian Medical Service.

Briefly the basis of each dose of the treatment is as follows:

Mixture "A" (23 doses required)

Sodium bicarbonate	60 grains
Sodium citrate	40 grains
Calcium carbonate or chloride	3 grains
Water to make	1 ounce

Mixture "Q" (21 doses required)

Quinine sulphate	10 grains
Citric acid	30 grains
Magnesium sulphate	60 grains
Water to make	1 ounce

The patient is given 3 grains of calomel when first seen, followed by one dose of 1 ounce of magnesium sulphate in one ounce of warm water. After this preliminary purge has acted, the patient is given one ounce of mixture "A" repeated one and two hours later. One-half hour after the 3rd dose of "A", one ounce of mixture "Q" is given.

Doses of mixture "Q" are given 3 times a day for a week, in every case being preceded by a dose of mixture "A", given one-half hour before.

In addition, the patient is once daily given $\frac{1}{4}$ grain of plasmochin after food during the same week.

Vomiting is frequently checked by the use of the alkaline solutions. In severe cases he gives 20 minims of 1:1000 adrenalin by mouth, repeating if necessary.

In his trials, Sinton observed that one course of this treatment cured 80 per cent of the cases of malignant tertian, 70 per cent of fresh cases of benign tertian, and over 20 per cent of the cases of relapsing benign tertian.

Relapsing cases of malignant tertian are treated by repeating the above course for one week, succeeded in the second week by a course with only two daily doses and no plasmochin. Relapsing cases of benign tertian are treated as above, but the dosage of plasmochin is raised to $\frac{1}{3}$ grain.

Chronic relapsing cases are treated as in the first course outlined, but are given for one week from $\frac{1}{2}$ to $\frac{2}{3}$ grains of plasmochin in two

DIVISION OF MALARIA RESEARCH

divided doses after meals. The treatment, without plasmochin is then continued for two weeks further.

During the acute stages, the patients are kept in bed. They are given plentiful alkaline drinks. He avoids fats in their dietary, reduces meats, gives abundant vegetables and carbohydrates. The treatment may be supplemented with iron and arsenic tonic. At all times the treatment should be under strict medical supervision.

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

HUMAN SACRIFICE

For uncounted thousands of years human beings have been in the habit of sacrificing their dearest possessions to win the favor or appease the anger of one god or another. Jephthah vowed he would offer up as a sacrifice the first of his possessions he saw if God would grant him a victory over his enemies and for this rash vow he lost a daughter. Annually the Cretans sacrificed thirty of the noblest youths and thirty of the fairest maidens to the Minotaur. We have all been horrified at the tales of the idolatrous nations who were neighbors of the Israelites; who threw their babies into the flames as a sacrifice to Moloch. Our childish blood ran cold at the stories of the Hindu mothers who cast their babies into the gaping jaws of the sacred crocodile.

We are inclined to class all such actions as characteristic of heathen people but those who live in glass houses should be careful where they throw stones. We, the highly civilized American people of the United States of America, in the year of Our Lord, 1930, sacrificed to the Demon of Speed more than thirty thousand Human Victims by the automobile alone, not counting air and railroad sacrifices. How much better are we than the heathen who makes his sacrifice with a real desire to please his god?

SUMMARY OF WORK DONE IN MAY, 1931

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1152	254	34	150	194	1784
Diphtheria	638	175	26	150	9	998
Typhoid	387	182	30	70	50	719
Malaria	408	199	31	37	136	811
Rabies	30	2				32
Tuberculosis	241	92	7	29	24	393
Gonorrhea	554	235	30	107	40	966
Kahn	3406	1046	193	772	107	5524
Water		56		184	4	244
Milk	574	448	2	710	81	1815
Miscellaneous	193	23	1	228	3	448
	<hr/> 7583	<hr/> 2712	<hr/> 354	<hr/> 2437	<hr/> 648	<hr/> 13734

BUREAU OF DIAGNOSTIC LABORATORIES

SUMMARY OF WORK DONE IN JUNE, 1931

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2166	540	52	253	187	3201
Diphtheria	439	152	17	193	19	821
Typhoid	533	206	40	46	49	874
Malaria	529	220	54	27	162	992
Rabies	27	2		1		30
Tuberculosis	231	86	9	42	16	384
Gonorrhea	578	245	32	109	44	1008
Kahn	4115	880	160	686	169	6010
Water		45		328	2	375
Milk	515	332	611	940	24	2422
Miscellaneous	301	23	1	190	10	525
	<hr/> 9434	<hr/> 2731	<hr/> 976	<hr/> 2819	<hr/> 682	<hr/> 16642

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

WATER SUPPLY RECORDS

An old adage runs: "The proof of the pudding is the eating thereof" and many public officials believe that as long as there is no sickness in town attributed to the water supply, everything is all right. But when the local physicians begin to get case after case of typhoid fever, the first question arises: "Is the water supply safe?"

Just recently at Frostproof we had an outbreak of typhoid with some 14 cases with one death. Immediately the water superintendent was asked about the water and he proudly displayed his record of samples, showing 21 samples submitted to the State Board of Health for the first seven months and not a single sample giving the slightest evidence of contamination. He had his records!

Some 15 miles away is Lake Wales. Its inhabitants became concerned as to the situation as several cases were in their hospital and rumors were plentiful of how Tom Jones had been sick, Will Brown was now in bed, etc. Was the water supply safe? It had a "bad" taste and odor (due to hydrogen sulphide). The local newspaper called the water works about analyses.

The report on the routine test had come that very day from 2 samples submitted: Not a trace of evidence of contamination and bacterial count far below 100 per cubic centimeter. There were records of 12 other examinations this year. The paper published the report in full and the tension as to the water supply was eased.

BUREAU OF ENGINEERING

Can your water superintendent produce his records?

The writer well recalls the exceedingly difficult time a water superintendent in South Carolina had of clearing his water supply of the odium of having spread typhoid fever. He had made excess chlorine tests daily but he kept no record of them!

Chlorine record forms and a testing outfit with standards have been given to almost every water superintendent who utilizes chlorine gas as a safeguard against chance contamination. Some are using them; others adopt the attitude that it is too much bother (for about 10 minutes a day). But we are fast getting the cooperation of the water works men. This is shown by the 1931 record of supplies that are being sent in for examination each month.

January—14 supplies failed to submit.

February—100%—all supplies were submitted.

March—4 supplies failed to submit.

April—100%.

May—7 supplies failed to submit.

June—100%.

July—100%.

Of course, there are a few water supplies in Florida that do not submit samples. They are too poor to buy a standard shipping case and pay the 75 cents a month express charges. Is your town in this list?

Archer	Jasper	Port Tampa
Center Hill	Jennings	Safety Harbor
Ellenton	Lake Butler	Tampa Shores
Groveland	Penney Farms	Webster
Havana	Port Mayaca	White Springs

And speaking of records; one nice July day with the thermometer at 95 in the Laboratory, the express company delivered 51 packages containing 139 water samples. This broke all previous records as 88 had been the maximum received before. A tabulation of the 139 samples revealed that 48 cities had submitted 123 samples; 1 ice company, 2 samples; 5 private individuals, 9 samples and two bottled water companies, 5 samples.

When one considers that 973 tubes of lactose broth were used and an agar plate poured for each sample it can be seen it was a busy day.

To date, (July 25th), 3,814 samples have been examined in the Laboratory for 1931. This is 313, or 9%, in excess of the number examined in 1930 for the same period. And in 1927 we tested 3,300 samples during the year and considered it a big year!

Some cities believe in checking the quality of their water supply!

And one bottled water plant air-mailed a sample in to the Laboratory with \$35.00 worth of postage on it!!

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Lucile Spire Blachly, M. D., Director****Brief Outline of Program of Bureau of Child Hygiene
and Public Health Nursing****For the Coming Year with Its High Points.***

Introduction: In order to understand the Brief Outline of the program a few introductory statements as regards the purposes of the Bureau might not come amiss.

1. Fundamental Purposes

- a. To acquaint the public with, and to set up minimum standards for child health, "child" meaning the period of life beginning at conception and ending at 18 years, and "health" meaning physical, mental, moral and social;
- b. To inspire, encourage, serve and when indicated, instruct, those individuals and groups having directly to do with the attainment and establishment of these minimum standards. By individuals and groups we mean, first, parents, child nurses, teachers and care-takers having directly to do with the care and training of children and, second, professional groups, doctors, both in private practice and public health; nurses, both in private practice and public health; dentists; social workers; and finally that anomalous and annoying group, the midwives.

2. Services offered

It will be seen from the fore-going that the services the Bureau has to offer to the childhood of Florida may be designated as:

- a. Indirect b. Direct

3. Methods

The methods are those approved by the White House Conference on Child Health and Protection, methods which have been tried and found effective in various cities, communities and states, i. e., individual instruction in home visits, in conferences, through individual and form letters and literature such as leaflets, pamphlets, etc; group instruction by means of classes, demonstrations, exhibits, institutes, lectures and informal talks, and finally, preceding, accompanying and following such of these activities as indicated, careful surveys will be made in order that the Bureau of Child Hygiene might take its rightful place as a necessary "tissue" in the program of public health rather than to enjoy the privileges and suffer the fate of "cancer cells" gone wild. This type of activity naturally should develop into scientific research in child hygiene.

* Delivered before the Second Annual Meeting, State Public Health Conference, Jacksonville, December 8-10, 1930.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

4. Technique

Aside from the usual methods, i. e., talks, letters and literature from the office, the basic principles of this program will be introduced to the state, county by county, through a plan designated "Child Hygiene Week." This program has been tentatively put to the test and with some minor adjustments will be ready to be carried on routinely beginning January 1st.

Chief features of "Child Hygiene Week":

- a. A social assets survey of the county made by the state nurse.
- b. A determination of the date, extent and duration of the initial program, that is, Child Hygiene Week.
- c. An all-day health institute for community leaders attended by one delegate from each of the organizations, clubs, associations, etc., in the county, including among others, representatives of schools and churches and, of course, the local official health authorities.
- d. A one or two days' demonstration child health conference. (Object: to introduce the periodic physical examinations, especially of infants and preschool children, the second and subsequent examinations to be made by the family physician in his own office.)
- e. Exhibits: Exhibits of those supplies and materials essential to the rounding out of the child's whole health are assembled by local groups and featured as a part of the Week; namely, toys, books, tools, music, art, play-ground supplies, etc., in addition to the specific exhibits of special value in introducing maternal and infant hygiene which will be a part of the Bureau's contribution.
- f. Follow-up: Each child examined during Child Hygiene Week will be followed up carefully by the state nurse for the purpose of determining how well the instructions given by the doctor or doctors were carried out and if not, why not.
- g. Other activities following Child Hygiene Week: Insofar as time permits the nurse will remain in the county to give demonstrations, display exhibits, hold classes and carry on such other activities as belong to the field of the public health nurse.

5. Midwives

Wherever possible the immediate supervision of the midwives, likewise their instruction, will be delegated to the city and county health authorities with final certification by the State Board of Health (Bureau of Child Hygiene.)

The Bureau will recommend and urge the legal licensing of midwives to the end that those not meeting the standards nor conforming to the practices to be set up in the law may be controlled.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****HOOKWORM CONTROL****"There Ought to be a Law"**

If someone should propose the passage of a law making it mandatory on all householders, whether property owners, and/or tenants to provide suitable methods for the disposal of human wastes, providing a jail sentence of 1 to 5 years for contaminating the soil and making it a capital offense to expose or permit to be exposed to hookworm disease and thus to endanger the health and life of any person or persons so exposed, etc., etc., many would proclaim the law to be too drastic. Maybe so, and maybe not. The law does not permit parents to cut off children's ears or punch out their eyes but why not, so long as it permits them to do other things just as harmful.

To many of us the sight of a little child, stunted and deformed by hookworm disease is not shocking because we have become accustomed to it. There are a great number who never see children ravaged by hookworm. Because the victims are innocent little children who merit all the care and protection their parents can give; because the injury and suffering borne by large numbers of children over long periods of time are greater, perhaps, than are borne by soldiers in time of war and because hookworm disease can be controlled by such a ridiculously low expenditure of time and money it seems sometimes as though there should be such a drastic law with such drastic penalties for its violation that this profligate waste of human lives, this vicious devastation of our own flesh and blood, would cease.

HOOKWORM DISEASE IS EASILY CURED. See the medical doctor.

HOOKWORM DISEASE IS EASILY PREVENTED. Build a sanitary privy and use it. Get advice and plans from the State Board of Health.

TYPHOID

A steady decline in the number of deaths in Florida from typhoid from 187 in 1926 to 72 in 1930, represents a stupendous saving of human life. Whether or not there will be a further decline this year we do not know. During the first four months there was an increase of five over the figure for the same period of last year.

Prevention

Many factors enter into the spread and control of typhoid. Every precaution should be taken. Sanitation pays. Human wastes should be so treated that they may never become mixed with human food. The only way to have typhoid is to consume human filth—in infinitesimal doses, of course, but human filth, nevertheless.

BUREAU OF COMMUNICABLE DISEASES

Sewage contaminated waters must not be used unless purified. Open privies are dangerous. The filthy fly is always a menace. Any one may be a typhoid carrier. Most carriers have had typhoid but in some cases the disease is not recognized. A carrier who is not careful to wash after going to the toilet is a particular menace. If he handles food for others or works about a dairy, the dangers are multiplied.

Everyone should exercise great care and do nothing that would cause infection of himself or another. On long trips, use only water of known purity. In dry weather especially there is danger from a new water supply when the old gives out. Typhoid shots give individual protection for at least two years. They should not replace but supplement the other precautions. See your doctor.

PELLAGRA

Reports of an increase in pellagra continue to come in from various sections of the state. It grieves us to get such reports. We want people to be well and we try to help them retain good health.

The North Carolina health bulletin recently told of a girl who had pellagra because she preferred to spend her money for silk dresses rather than for proper food. We saw a girl recently with pellagra. She saved each week from her food allowance two dollars and thirty five cents which she spent on cosmetics—powders, creams, rouge, lipstick, etc. To do this she had to live on grits, white bacon, corn bread and syrup. For her vanity she has her reward in the form of a serious illness. Look at her complexion now! Who would not prefer to see the rosy cheeks of health rather than a drug store complexion? Who would not prefer to see radiant youth and vigor in calico or denim rather than a diseased figure in silk or broadcloth?

NOTELET

On June 1st Dr. W. W. Cort, Professor of Helminthology in the Johns Hopkins School of Hygiene and Public Health, and his assistant Dr. G. F. Otto arrived to take up a special study of *Ascaris* distribution and epidemiology.

Their work has consisted in visits to those communities which had given previous indication of being centers of *Ascaris* infection and securing specimens, which were examined in the Central Laboratory.

On the morning of leaving for a similar study in Louisiana, Dr. Otto gave a very interesting talk on the results of the Florida studies.

Health Notes regrets seeing this genial group leave the state and wishes Dr. Otto and his associates success and an early return for further researches.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

TYPHOID MORTALITY



The rapid decline in the death rates for typhoid fever has been noted with satisfaction. Last year, the death rate from typhoid fever in Florida was the lowest ever recorded in the state and was one-sixth as great as for the year 1918. The rate last year was 4.9 per 100,000 population as compared with 27.3 for the year 1918. The rate for the white population last year was 2.8 as compared with a rate of 23.4 for the year 1918. The rate for the colored is in one figure in place of two for the first time in the history of the state. Last year's rate for the colored population was 9.9 as compared with a rate of 34.6 for the year 1918.

Typhoid Deaths and Death Rates per 100,000 Population
By Color—Florida, 1917-1930

Years	Total		White		Colored	
	Typhoid Deaths	Rates per 100,000Pop.	Typhoid Deaths	Rates per 100,000Pop.	Typhoid Deaths	Rates per 100,000Pop.
1930	72	4.9	29	2.8	43	9.9
1929	83	5.8	36	3.6	47	11.0
1928	121	8.7	71	7.3	50	12.0
1927	142	10.6	74	8.0	68	16.8
1926	187	14.5	102	11.5	85	21.5
1925	187	15.1	116	13.6	71	18.4
1924	157	13.2	84	10.3	73	19.4
1923	177	15.5	94	12.1	83	22.7
1922	163	14.9	77	10.5	86	24.2
1921	186	17.9	114	16.4	72	20.8
1920	140	14.1	83	12.6	57	17.0
1919	176	18.4	105	16.7	71	21.6
1918	255	27.3	142	23.4	113	34.6
1917	221	24.2	116	19.7	105	32.3

The following table indicates the number of deaths from typhoid, by months, for 1931 as compared with the previous year. Provisional figures.

Year	Jan.	Feb.	Mar.	Apr.	May	June	Total	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1931	5	12	6	5	6	10	44							
1930	10	5	5	3	6	8	37	6	8	9	4	4	4	72

BUREAU OF VITAL STATISTICS

Typhoid Deaths and Death Rates per 100,000 Population

By Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Typhoid Deaths	Rates per 100,000	Typhoid Deaths	Rates per 100,000	Typhoid Deaths	Rates per 100,000
0. State.....	72	4.9	29	2.8	43	9.9
1. Alachua.....	5	14.5	2	10.4	3	19.5
2. Baker.....	0	...	0	...	0	...
3. Bay.....	3	24.8	2	22.2	1	32.3
4. Bradford.....	2	21.3	1	14.9	1	37.0
5. Brevard.....	2	14.9	0	...	2	46.5
6. Broward.....	2	9.8	1	7.4	1	14.5
7. Calhoun.....	0	...	0	...	0	...
55. Charlotte.....	0	...	0	...	0	...
8. Citrus.....	0	...	0	...	0	...
9. Clay.....	0	...	0	...	0	...
62. Collier.....	0	...	0	...	0	...
10. Columbia.....	1	6.8	1	11.2	0	...
11. Dade.....	3	2.1	2	1.7	1	3.3
12. DeSoto.....	0	...	0	...	0	...
56. Dixie.....	0	...	0	...	0	...
13. Duval.....	0	...	0	...	0	...
14. Escambia.....	6	11.2	4	10.1	2	14.3
53. Flagler.....	2	80.0	1	62.5	1	111.1
15. Franklin.....	1	15.9	1	26.3	0	...
16. Gadsden.....	0	...	0	...	0	...
64. Gilchrist.....	0	...	0	...	0	...
57. Glades.....	0	...	0	...	0	...
65. Gulf.....	0	...	0	...	0	...
17. Hamilton.....	0	...	0	...	0	...
58. Hardee.....	0	...	0	...	0	...
63. Hendry.....	0	...	0	...	0	...
18. Hernando.....	0	...	0	...	0	...
59. Highlands.....	0	...	0	...	0	...
19. Hillsboro.....	3	1.9	1	0.8	2	6.8
20. Holmes.....	1	7.8	0	...	1	250.0
66. Indian River.....	1	14.7	0	...	1	52.6
21. Jackson.....	1	3.1	1	5.1	0	...
22. Jefferson.....	2	14.9	0	...	2	22.0

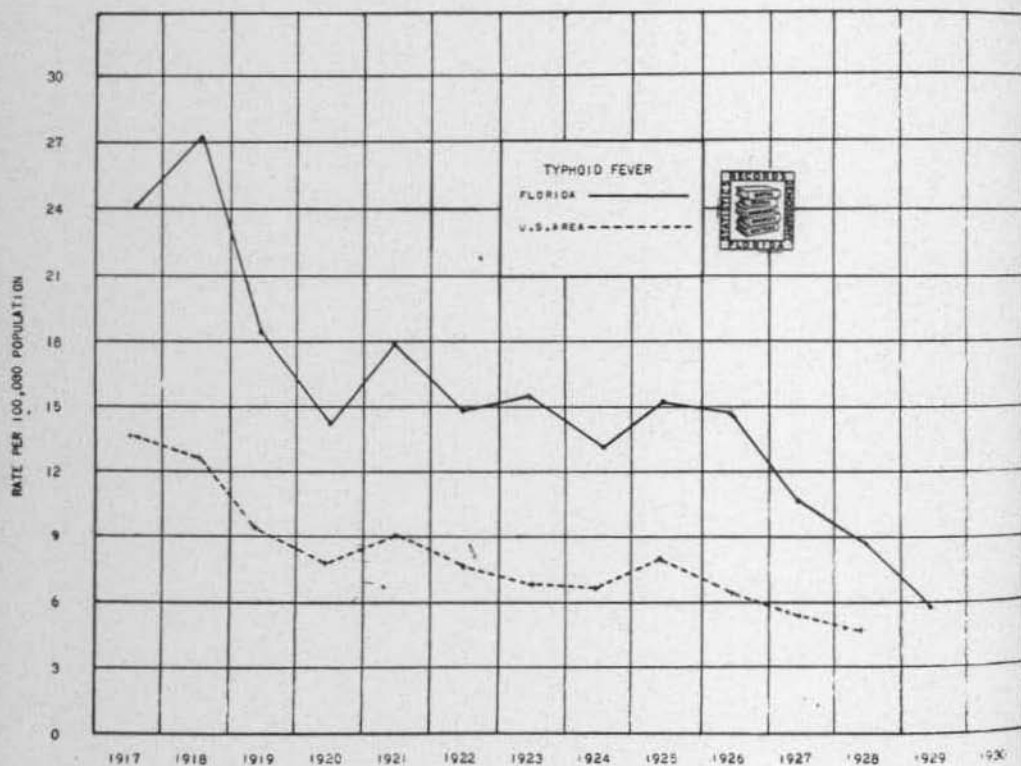
BUREAU OF VITAL STATISTICS

Typhoid Deaths and Death Rates per 100,000 Population
By Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Typhoid Deaths	Rates per 100,000	Typhoid Deaths	Rates per 100,000	Typhoid Deaths	Rates per 100,000
23. Lafayette.....	0	...	0	...	0	...
24. Lake.....	0	...	0	...	0	...
25. Lee.....	2	13.2	1	8.6	1	27.8
26. Leon.....	1	4.2	0	...	1	7.2
27. Levy.....	1	8.0	1	13.0	0	...
28. Liberty.....	0	...	0	...	0	...
29. Madison.....	2	12.8	0	...	2	24.4
30. Manatee.....	1	4.4	0	...	1	14.5
31. Marion.....	3	10.1	0	...	3	20.7
67. Martin.....	0	...	0	...	0	...
32. Monroe.....	1	7.4	1	9.0	0	...
33. Nassau.....	0	...	0	...	0	...
34. Okaloosa.....	0	...	0	...	0	...
54. Okeechobee.....	0	...	0	...	0	...
35. Orange.....	2	4.0	2	5.2	0	...
36. Osceola.....	1	9.3	0	...	1	32.3
37. Palm Beach.....	1	1.9	0	...	1	5.8
38. Pasco.....	1	9.4	0	...	1	55.6
39. Pinellas.....	4	6.3	0	...	4	35.7
40. Polk.....	3	4.1	1	1.8	2	12.3
41. Putnam.....	3	16.5	0	...	3	38.5
42. St. Johns.....	2	10.6	1	8.3	1	14.9
43. St. Lucie.....	0	...	0	...	0	...
44. Santa Rosa.....	0	...	0	...	0	...
60. Sarasota.....	0	...	0	...	0	...
45. Seminole.....	2	10.6	1	9.6	1	11.8
46. Sumter.....	0	...	0	...	0	...
47. Suwannee.....	0	...	0	...	0	...
48. Taylor.....	0	...	0	...	0	...
61. Union.....	1	13.3	0	...	1	34.5
49. Volusia.....	3	6.9	2	6.5	1	7.9
50. Wakulla.....	1	18.2	1	31.3	0	...
51. Walton.....	0	...	0	...	0	...
52. Washington.....	2	16.4	1	10.4	1	38.5

TYPHOID

A comparison of Death Rates in Florida with United States Registration Area, by years.





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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

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Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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ADMINISTRATION

Henry Hanson, M. D.

HARD TIMES AND BUDGETS

After struggling to adjust a budget, which never has been excessive, to accommodate it within limits which are \$40,000.00 smaller than those previously occupied, I have felt that times are hard. Still in Florida we are better off than people living in other states and have less reason to complain. This has been especially noticeable to persons traveling in the north and in the middle west. In some of the middle northwestern states, drought and grasshoppers have taken everything and, in such places, it is not simply a question of taking a small salary cut but all sources of income have been removed. Notwithstanding such comparisons, it is very unpleasant to be compelled to notify a group of faithful, hard-working, competent employees that they are being temporarily rewarded with a reduction in pay. The manner in which these reductions have been received demonstrates that those composing the organization are worthy of all the credit which the people of the state have bestowed upon them. When conditions return to normal, these employees should be rewarded normal incomes. In the effort to modify the pay in accordance with the available budget, first consideration has been given to the man with a wife and family. The family man has a larger burden to carry and also a larger responsibility in the maintaining of government. It would seem to be appropriate for the National Government to give consideration to this point.

In the State Board of Health, we aim to help people help themselves in the prevention of unnecessary sickness. Effort is made to first reach those who are in ill health and in poor financial circumstances. Some are unfortunate financially because of ill health and others suffer from ill health because of insufficient income. A proper balance is required in order to keep people healthy because happiness and success are dependent on good health.

In the effort to work out a program of activities which shall bring in the greatest returns for the expenditures authorized by the Legislature, we find ourselves obliged to cut other expenditures as well as salaries; for instance, a very considerable amount has been spent for biologics furnished to indigent sick people. Among these there have been such items as tetanus antitoxin, gas bacillus anti serum and antimeningococci serum. The tetanus antitoxin has been furnished mostly in the form of the prophylactic in cases of accidents. Unless we are able further to readjust our finances, it is believed that this item will be entirely eliminated from the items furnished free by the State Board of Health; in fact, it is not in the true sense preventive medicine from the public health standpoint. The gas bacillus anti serum is not of sufficient public health importance to warrant the State Board of Health continuing to furnish this item free of charge.

ADMINISTRATION

For some time there has been disappointment in the results obtained from the use of the antimeningococci serum. A great deal of research is being carried on by the leading laboratories of the country and by such health departments as New York City on the practical use of this product. Our results in Florida have been disappointing. Owing to the poor results and little return for the expenditure we shall probably discontinue furnishing antimeningococci serum. We are recommending to physicians that the investigations which are being carried on in South Carolina and other places be given consideration, these consisting in withdrawal of a certain amount of fluid at the time of spinal puncture and an immediate inoculation of about 15 cc of such fluid into the gluteal region. Very good results have been obtained by this method and the indications are that there is no harm from it and a larger number of recoveries have been reported in cases of meningitis where this practice has been followed than in the use of the antimeningococci serum.

It is also apparent that we shall be compelled to reduce the amount of money available for helping county health units. Our first duty is to maintain the two units which have been established after which whatever balance exists will be provided the first counties who manifest a desire to have their own health service.

NOTELETS

During the month of August, Dr. F. F. Russell, General Director of the International Health Division of the Rockefeller Foundation, paid a visit to the state. He spent most of his time with Dr. Boyd at the station of the Malaria Research Division. Dr. Russell was very much pleased with the manner in which the work was being conducted and with the results achieved so far. It was especially gratifying to the State Board of Health staff to have a visit from him at headquarters where he spent an entire day going over the work of the different bureaus. For those who do not know Dr. Russell it may be in order to state that he is a retired Brigadier General in the Medical Corps of the United States Army and he is also the man who developed the technic of the anti typhoid vaccination in the United States.

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Mr. Eduardo Andraede, son of Dr. Eduardo Andraede who was the first director of laboratories of Florida State Board of Health, paid us a visit during the month of August. The present staff did not have the pleasure of knowing Dr. Andraede but we can testify to the geniality and gentlemanly qualities of the son. We are

hoping that we may have another visit in the fall.

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It is with profound sorrow that we record the death of the President elect of the American Public Health Association, Dr. William C. Hassler, who was City Health Officer of San Francisco, and of Dr. Lee K. Frankel, second Vice President and Director of Health and Welfare Work for the Metropolitan Life Insurance Company. Both have attained recognition by the excellence of the public services they have rendered.

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The State Board of Health rule imposing two weeks exclusion from school on children entering the State from the North was rescinded in the Fall of 1929. This action is based on the belief that danger from disease transmission in school where children are well supervised, and sent home if ill is less than when they are mingling in the streets, picture shows, churches and Sunday schools. Teachers are urged to give daily instruction about hand washing, keeping soiled articles from the mouth, covering the nose and mouth when one coughs or sneezes and avoiding the common drinking cup.

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Lucile Spire Blachly, M. D., Director****PRESENT PRACTICES AND PROGRAMS**

(Being the last installment of the Report of the Subcommittee on the Hygiene of Maternity, Infancy and the Preschool Child.

See May, June—July issues.)

Maternity Care—A study covering a period of five years showed that 11% of the white babies and 81% of the colored were delivered by midwives and therefore 89% of the white and 19% of the colored by doctors.

The number of hospital deliveries was not ascertained.

Prenatal Clinics—These are established at Duval County Hospital, in Jacksonville, and Jackson Memorial Hospital in Miami. The frequency of the clinics or the attendance was not obtained.

Well Baby Clinics—Jacksonville and Tampa boards of health reported well baby clinics twice weekly. Number of stations and attendance not obtained. Lee County once weekly and Miami twice monthly.

Public Health Nurses—Approximate time spent in maternity, infancy and pre-school nursing:

A questionnaire floated to ascertain this information about a year ago was returned by 40 nurses. State and county unit nurses were not included. No effort was made to draw hard and fast lines but from the replies it is estimated that as regards maternal hygiene, no nurse gave full time thereto, 3 gave one-fourth time, 17 a little and 20 none at all; as regards infant hygiene, 2 gave full time, 2 gave approximately one-fourth time; 15 gave a little time and 21 none at all; as regards preschool nursing no nurse gave full time, 5 gave approximately one-fourth time, 17 gave a little and 18 none at all.

Health care of infants and preschool children as indicated by surveys made jointly by the State Board of Health and the health departments of Tampa, Miami and Jacksonville on request of the White House Conference showed that 42% of the children under 6 years were receiving health examinations in Miami, 37% in Jacksonville and 38% in Tampa. As regards dental care, the figures are not so good, being 14%, 6% and 5% respectively. As regards vaccination against smallpox, the figures are 5%, 4% and 4% and immunization against diphtheria, 17%, 8% and 11%.

Present Program of the Bureau of Child Hygiene and Public Health Nursing:

Realizing the gravity of the maternity, infancy and preschool problems, the program is restricted almost wholly, for the present

CHILD HYGIENE AND PUBLIC HEALTH NURSING

at least, to these age groups. Anticipating the findings of the White House Conference, the program has been planned to expedite insofar as possible the recommendations coming out of these studies and deliberations. The program is wholly educational and is planned (1) to reach and aid physicians, midwives, nurses, teachers, community leaders, women's clubs, Parent-Teacher Associations, home demonstration agents, and like groups, in turn reaching and aiding the parents, expectant parents and potential parents; (2) to reach the expectant parents particularly and directly.

Classified as to methods, the plan includes postgraduate courses, organized classes, institutes, talks, lectures, demonstrations, exhibits, radio, surveys, literature and letters.

The major objectives are:

(a) The introduction and popularizing of parent education through maternity letters sent periodically, through talks, lectures and demonstrations, through classes, and through demonstration child health conferences;

(b) Preparental education through classes and demonstrations in cooperation with the schools, clubs and camps;

(c) Elevating the standards of midwifery through more intensive elimination of the unfit and more extensive education of the fit;

(d) The establishment of periodic physical examinations of a high type for infants from birth on and of mothers before and following confinement;

(e) The awakening of the individual county or community to an understanding of its present status and its obligations and responsibilities through fact-finding surveys, demonstrations and such other media as prove effective.

Recommendations

It is believed the welfare of the mother, the babe and the pre-school child rests to a large degree upon the following, all or most of which must be brought about if any considerable improvement is shown:

(a) *A law legalizing and thus controlling midwifery;

(b) *Passage of the Enabling Act permitting counties to carry on public health activities on a full time basis;

(c) Prenatal clinics in all hospitals accredited for internships;

(d) Infant well baby clinics in all such hospitals;

(e) Postgraduate courses (circuit or resident) for all general practitioners assaying to treat or to supervise infants and young children;

(f) Postgraduate courses in obstetrics (circuit or resident) for all doctors assaying to do obstetrics with special longer time training for those who intend specializing in obstetrics.

* These were passed by the last Legislature.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

(g) Special training in maternity and infancy nursing for those nurses, public health and private duty, who undertake this type of service.

(h) More attention given to the hygiene of maternity, infancy and the preschool child by established public health nurses;

(i) Special training of dentists for preschool dentistry;

(j) Extensive and intensive courses in the hygiene of maternity, infancy and the preschool child sponsored by the Parent Teacher Associations, Women's Clubs, churches, lodges, etc. Expansion of the maternity letter service;

(k) The introduction of child care courses for both sexes in the public schools, in the seventh grade in rural districts and in co-operation with home economics and like courses in the cities—the classes to be conducted cooperatively by the class room teacher and the qualified and approved public health nurse.

DIVISION OF MALARIA RESEARCH

Mark F. Boyd, M. D., Director

The circumstance that hookworm is an endemic disease of equal importance with malaria as a cause of impaired health, is justification for the presentation in this section of the discovery by Lamson, Caldwell, Brown and Ward of important vermifugal properties in hexylresorcinol. Many drugs have been used in the past for the expulsion of hookworms. In general they are severe in their use. Many patients, too, harbor more than one species of parasite, while the effect of the customary anthelmintics is limited to action on one species. The latter distinction is well noted in the employment of carbon tetrachloride in the treatment of hookworm by which the ascarids are stimulated to unpleasant activity.

Hexylresorcinol has been widely used in the past in an oil menstruum as a urinary antiseptic. However, in such a vehicle its properties as an anthelmintic are not manifested. The above mentioned investigators discovered that single one gram doses administered to adults, or one-half gram doses administered to children, eliminated from 90 to 100 per cent of ascaris and hookworms and about one-half of the trichuris harbored. For administration, the crystals of hexylresorcinol should be either freshly placed in hard gelatine capsules or made into tablets with charcoal.

The drug is given on an empty stomach in the morning and later followed by a purge of magnesium sulphate.

A few cases have been observed to complain of slight gastric irritation and an occasional patient vomits. Otherwise, no disturbances of importance have attended its use, and in view of the experience gained from employment as a urinary antiseptic, it is not likely that any need be apprehended.

BUREAU OF ENGINEERING

On August 1st Mr. E. L. Filby resigned as Director of the Bureau of Engineering to take up duties as shown by his letter of resignation which is published below. Mr. Filby's resignation is deeply regretted by the State Board of Health and all his co-workers who have known of his congenial manner and valuable work in the organization for the past six years. The State Health Officer and staff wish Mr. Filby all success in his new venture and hope that his duties will be of such a nature as to bring him into frequent contact with the old organization. Mr. Filby's successor has not been appointed and it is possible that this will be done by competitive examination unless otherwise directed by the Board.

Mr. Filby has been very active in civic organizations, has been Chairman of the Disaster Relief Committee of the American Public Health Association and for some time has been Secretary of the Florida Anti-Mosquito Association, also Secretary and Treasurer of the Florida Section of the American Water Works which he organized during the early part of 1926.

August first, 1931.

"Dear Dr. Hanson:

I herewith tender my resignation as Chief Engineer and Director of the Bureau of Engineering, Florida State Board of Health effective September first and request permission to cease active duty on or about the fifteenth of August. This action is in accord with plans discussed with you prior to and during the past Legislative session.

A most tempting offer has been made to me by the firm of Black and Veatch, consulting engineers, of Kansas City, Mo., and although I have withheld action on their offer for more than six months, awaiting the action of the Legislature with regards to appropriations, I now feel that I must accept their offer.

It is with great regret that I am so doing for as you know, I have tried to build myself into the future of Florida by not only attempting to carry on the work of this department in a conscientious manner but to take an active part in affairs affecting the welfare of the state and people.

To leave behind my fellow workers in the Bureau and the Board is indeed hard but I trust that their efforts so willingly put forth for me will be continued under my successor.

Thanking you for the many courtesies of the past and with best wishes for the continuance of a most successful administration, I beg to remain,

Very truly yours,

(Signed) E. L. Filby"

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****RABIES**

In the year 1931, up to and including the sixteenth day of July, the State Board of Health has sent out 265 complete antirabic treatments. Each treatment consists of fourteen tubes of antirabic virus, the contents of which must be injected subcutaneously at the rate of one a day in average cases.

If the people of Florida are not interested enough in preventing rabies to do so by the simple expedient of requiring all dogs to be inoculated, the State Health Department and the medical profession must take care of them by providing the necessary treatment in each instance in which a human being is bitten by a dog (or other animal) known, or strongly suspected, to be rabid.

Rabies is a disease which has a very remarkable variation in its period of incubation. (This means the time that elapses between infection and the first signs of the disease). In animals, the incubation period may be anywhere from twelve days to six months. I have known of one human case in which nine months elapsed between infection and the death of the patient which occurred a week after symptoms became marked.

So far as I know, there is no authentic case of the recovery of a human being infected with rabies.

An animal which has been infected with rabies does not become infectious, that is, able to transmit the disease until a few days before its death. In the case of the dog, this period is ten days. If you are bitten by a dog and have reason to suspect that dog has rabies do not kill the dog but have him put under quarantine. He must be cared for, of course, and prevented from biting either human beings or other animals. If he was infectious at the time he bit you, he will inevitably die in ten days. On the other hand, if he lives more than ten days and then dies of rabies you are in no danger.

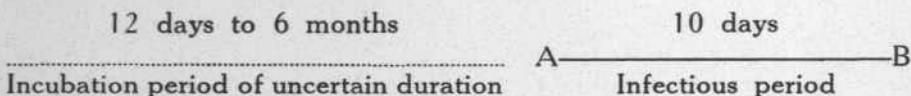
You may ask what will happen to you as a result of putting off the treatment for ten days, in case the dog has rabies. This is a very reasonable question and the answer is that you do not increase your danger in the slightest save when the bites have been on the head or face. The virus of the disease seems to travel to the brain by way of the nerves and head and face bites are more dangerous than any other.

The safest procedure, then, in any case is to quarantine the dog because his death in ten days with symptoms of rabies is a far more certain proof than any laboratory test can be. If the bites are about the head or face and the dog has suspicious symptoms, start the treatment but if the bites are on the extremities, wait for the death

BUREAU OF DIAGNOSTIC LABORATORIES

of the dog within ten days. If he doesn't die within that time, treatment is unnecessary.

To express the idea graphically, the dotted line represents an incubation period of very uncertain length followed by an infectious period of very definite length.



A and B, the beginning and end of the infectious period are never more than ten days apart.

SUMMARY OF WORK DONE IN JULY, 1931

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2650	901	35	134	189	3909
Diphtheria	530	105	13	102	15	765
Typhoid	619	229	38	26	77	989
Malaria	609	219	52	19	166	1065
Rabies	23	1		3		27
Tuberculosis	203	83	5	27	16	334
Gonorrhea	525	206	41	102	31	905
Kahn	3306	929	163	798	115	5311
Water		59	293	269	2	623
Milk	511	300	2	779	116	1708
Miscellaneous	329	30	4	146	6	444
	9305	3062	646	2406	733	16080

Specimen Containers Distributed 5820

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	100 Packages
	5,000 units	32 Packages
Toxin Antitoxin.....		4,602 C. C.
Schick.....		310 Tests
Toxoid.....		210 C. C.
Tetanus Antitoxin.....	20,000 units	43 Packages
	10,000 units	38 Packages
	1,500 units	629 Packages
Typhoid Vaccine.....		5,551 Treatments
Vaccine Virus.....		1,090 Capillaries
Antimeningococcus Serum.....		34 Cylinders
Antirabic Virus.....		96 Treatments
Carbon Tetrachloride.....		3,027 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****HOOKWORM FOLLY**

It is now 31 years since the discovery of the hookworm in the south, 29 years since its life history was revealed to the world by Dr. Stiles of the U. S. Public Health Service. It is this knowledge that made it possible to devise the sanitary procedure on which we must depend if we are ever to control the disease. Dr. Stiles now believes that 25 to 33 per cent of the school children in certain sections of the south are infested. In some Florida schools the rate is much higher. Why? For the answer to this question each parent must look to himself. Time after time and year after year, by personal interviews, public addresses, pamphlets, newspaper articles and moving pictures, the doctrine of hookworm prevention has been passed on to the people of Florida. The State Board of Health has not been alone in the campaign. Other official and many volunteer agencies, too numerous to mention, have served valiantly as allies in the war to make this and the other southern states safe for childhood.

There was a time when it was dangerous to imply that a child had hookworms. Parents would become infuriated at such a suggestion. It is now not rare for those same parents to suggest the idea themselves and ask for treatment but many of them have failed to provide for sanitary disposal of human wastes. Therein lies the folly of hookworm disease. Why should the State Board of Health beg people to construct privies, prevent soil contamination and protect their own children from filth-borne diseases? Why are Florida parents willing to subject their children to the disease so easily prevented, a joy killing disease, one that saps the vitality and stunts the growth of children, reduces the earning or producing power of youth and of many adults?

Hookworm disease is a blot on the fair pages of Florida history. It should no longer be tolerated. Fathers, mothers, wake up! Every one of you, stir yourselves to action. With lumber and nails, hammer and saw, with brick and mortar or with cement you can in one day's work, build a State Board of Health sanitary privy. Do not put it off another day but put an end to the folly of the twentieth century. **ACT NOW.**

TYPHOID INOCULATIONS

Do not forget the three injections for the prevention of typhoid fever. The State Board of Health will furnish the material to your doctor and he will give the injections. The discomfort is trifling compared to that of a siege of fever lasting from two to eight weeks.

BUREAU OF COMMUNICABLE DISEASES

MENINGITIS

A slight increase is noted in the number of cases of cerebro-spinal meningitis reported to the State Board of Health during the first four months of 1931 as compared with the same period of the three previous years.

Reported cases of Cerebro Spinal Meningitis by Counties,
January to April, inclusive, 1931.

Counties	Total Cases	Months			
		Jan.	Feb.	Mar.	Apr.
State	27	3	9	5	10
Bay	2				2
Calhoun	6		3	1	2
Duval	5	1	1		3
Gulf	1		1		
Hillsboro	2		2		
Jackson	2			2	
Lee	3				3
Leon	2	2			
Okaloosa	2		2		
Polk	2			2	

In 1930 there were reported 9 cases as compared with 6 in 1929 and 5 in 1928 for the corresponding four months.

Two important things about meningitis are cure and prevention. In few diseases is recovery so dependent on early recognition followed by prompt and skillful treatment. The symptoms which should prompt a parent to call the doctor at once are severe headache, acute vomiting and high fever.

Seldom does the disease spread from the patient to other members of the family, attendants or other contacts; nevertheless, rigid care should be exercised in the disposal of secretions from the nose and mouth and in preventing contacts with other children for at least two weeks.

Carriers are largely responsible for the spread of meningitis. It is so difficult to recognize and so impracticable to isolate all the carriers that for the control of this disease we must depend on hygienic measures. Common drinking cups should never be tolerated, everyone should cover his nose and mouth when coughing or sneezing and avoid all who neglect to do so. Crowding should, at all times, be avoided. We do not fear an epidemic of meningitis in Florida, but the number of sporadic cases can be kept low by taking all precautions.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director



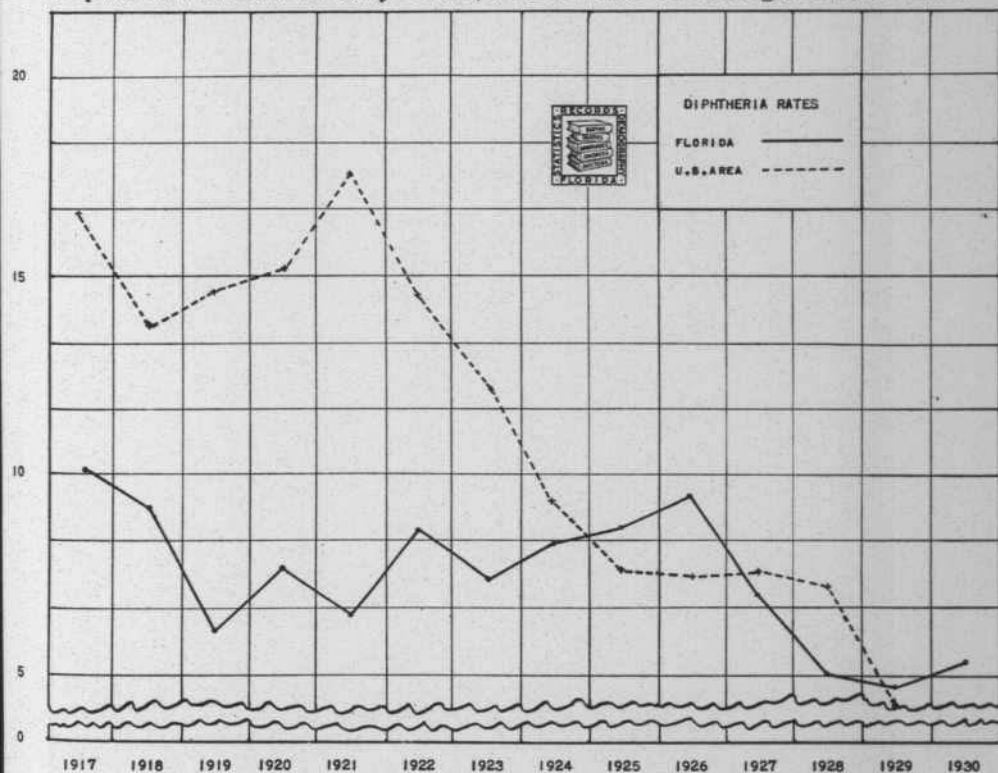
DIPHTHERIA MORTALITY

The death rate from diphtheria has increased. Since diphtheria is a preventable disease, it behooves us in Florida to study conditions very carefully and increase the fight against this disease.

Diphtheria Deaths and Death Rates per 100,000 Population
By Color—Florida, 1926-1930

Years	Total		White		Colored	
	Diphtheria Deaths	Rates per 100,000	Diphtheria Deaths	Rates per 100,000	Diphtheria Deaths	Rates per 100,000
1930	79	5.3	57	5.5	22	5.1
1929	67	4.7	52	5.2	15	3.5
1928	69	5.0	52	5.4	17	4.1
1927	93	7.0	84	9.0	9	2.2
1926	123	9.6	102	11.5	21	5.3

Diphtheria Death Rates by Years, Florida and U. S. Registration Area.



BUREAU OF VITAL STATISTICS

Diphtheria Deaths and Death Rates* per 100,000 Population

By Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Diphtheria Deaths	Rates per 100,000*	Diphtheria Deaths	Rates per 100,000*	Diphtheria Deaths	Rates per 100,000*
0. State.....	79	5.3	57	5.5	22	5.1
1. Alachua.....	1	2.9	1	5.2	0	...
2. Baker.....	0	...	0	...	0	...
3. Bay.....	1	8.3	0	...	1	32.3
4. Bradford.....	0	...	0	...	0	...
5. Brevard.....	0	...	0	...	0	...
6. Broward.....	2	9.8	1	7.4	1	14.5
7. Calhoun.....	2	27.4	0	...	2	153.8
55. Charlotte.....	0	...	0	...	0	...
8. Citrus.....	0	...	0	...	0	...
9. Clay.....	0	...	0	...	0	...
62. Collier.....	0	...	0	...	0	...
10. Columbia.....	2	13.7	2	22.5	0	...
11. Dade.....	4	2.8	3	2.6	1	3.3
12. DeSoto.....	2	25.6	2	31.7	0	...
56. Dixie.....	0	...	0	...	0	...
13. Duval.....	9	5.8	6	5.8	3	5.6
14. Escambia.....	3	5.6	3	7.6	0	...
53. Flagler.....	0	...	0	...	0	...
15. Franklin.....	1	15.9	0	...	1	40.0
16. Gadsden.....	3	10.0	1	7.7	2	11.8
64. Gilchrist.....	0	...	0	...	0	...
57. Glades.....	0	...	0	...	0	...
65. Gulf.....	0	...	0	...	0	...
17. Hamilton.....	0	...	0	...	0	...
58. Hardee.....	1	9.6	1	10.5	0	...
63. Hendry.....	0	...	0	...	0	...
18. Hernando.....	0	...	0	...	0	...
59. Highlands.....	0	...	0	...	0	...
19. Hillsboro.....	6	3.9	5	4.0	1	3.4
20. Holmes.....	0	...	0	...	0	...
66. Indian River.....	0	...	0	...	0	...
21. Jackson.....	1	3.1	1	5.1	0	...
22. Jefferson.....	0	...	0	...	0	...

* Provisional Rates

BUREAU OF VITAL STATISTICS

Diphtheria Deaths and Death Rates* per 100,000 Population

By Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Diphtheria Deaths	Rates per 100,000*	Diphtheria Deaths	Rates per 100,000*	Diphtheria Deaths	Rates per 100,000*
23. Lafayette.....	1	22.7	1	27.0	0	...
24. Lake.....	1	4.3	0	...	1	15.4
25. Lee.....	2	13.2	2	17.2	0	...
26. Leon.....	0	...	0	...	0	...
27. Levy.....	1	8.0	1	13.0	0	...
28. Liberty.....	1	24.4	0	...	1	71.4
29. Madison.....	3	19.2	2	27.0	1	12.2
30. Manatee.....	2	8.8	2	12.7	0	...
31. Marion.....	3	10.1	2	13.2	1	6.9
67. Martin.....	0	...	0	...	0	...
32. Monroe.....	0	...	0	...	0	...
33. Nassau.....	0	...	0	...	0	...
34. Okaloosa.....	0	...	0	...	0	...
54. Okeechobee.....	0	...	0	...	0	...
35. Orange.....	0	...	0	...	0	...
36. Osceola.....	1	9.3	1	13.0	0	...
37. Palm Beach.....	1	1.9	1	2.8	0	...
38. Pasco.....	0	...	0	...	0	...
39. Pinellas.....	2	3.2	2	3.9	0	...
40. Polk.....	5	6.8	3	5.3	2	12.3
41. Putnam.....	3	16.5	2	19.2	1	12.8
42. St. Johns.....	1	5.3	1	8.3	0	...
43. St. Lucie.....	0	...	0	...	0	...
44. Santa Rosa.....	1	7.1	1	8.4	0	...
60. Sarasota.....	1	7.9	1	10.2	0	...
45. Seminole.....	2	10.6	2	19.2	0	...
46. Sumter.....	1	9.3	0	...	1	31.3
47. Suwannee.....	1	6.4	0	...	1	18.9
48. Taylor.....	0	...	0	...	0	...
61. Union.....	1	13.3	1	21.7	0	...
49. Volusia.....	3	6.9	2	6.5	1	7.9
50. Wakulla.....	0	...	0	...	0	...
51. Walton.....	2	13.7	2	16.8	0	...
52. Washington.....	2	16.4	2	20.8	0	...

* Provisional Rates



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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

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No. 10

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

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MOTHERS' CLASSES—*Blachly*

INFANTILE PARALYSIS—*Brink*

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FATALITIES FROM AUTOMOBILE ACCIDENTS—*Thompson*

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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

AUTUMNAL FLURRIES

From the earliest recollections of my connection with the Florida State Board of Health, now nearly twenty-two years ago, there has been an apparent increase in the incidence of communicable disease in the early fall of the year. Diphtheria used to be a real worry fifteen to twenty years ago and there was then considerable reason to feel some alarm during the opening of the fall term of schools. Many families had spent the summer in the mountains or at distant points where contacts with other people were limited and those usually with the same group of individuals. When these returned, it was planned to return just in time for the opening of schools. When the school year got under way and cases of diphtheria began to appear among the school children and others, many attributed this to infection acquired in the schools. No thought was given to the other public gatherings such as Church, Sunday Schools, theatres, picnics, etc. (Moving picture shows were not so generally patronized then.) At that time the Schick test for immunity or susceptibility and the toxin anti-toxin or toxoid for immunizing children against diphtheria was not generally available. The practice of checking on diphtheria incidence consisted mainly in going through the school rooms where cases had occurred, taking swabs and cultures to locate cases or carriers. The carriers were excluded from schools and isolated until they could show by two successive cultures that they were free from the diphtheria bacilli. Various forms of treatment were tried out to secure the negative cultures and as a rule it was a very long drawn-out process, annoying both to the patient and the family. Many of these children were perfectly healthy except for showing the presence of such bacilli. It was later found that many of these carriers were carriers of non-pathogenic bacilli. (By that we mean non disease producing organisms). They were germs which in every way resembled diphtheria bacilli except that they did not have the power of producing diphtheria. Methods were found for testing these and showing which were disease producers and which were harmless. The greatest advance, however, occurred when the Schick test was developed and subsequent to it when the method of immunization by the use of toxin antitoxin was developed. Nearly all know now what this process is and that it is no longer necessary to feel alarmed about diphtheria in the fall of the year or at any other time. Any child who shows a negative Schick test need have no fear of contracting diphtheria. Any child who shows a positive Schick test knows that it can be made immune or, in other words, safe from the danger of contracting diphtheria even though in contact with a case or carrier.

Even this year there have been localities where the Director of the Bureau of Communicable Diseases has been called upon to make personal demonstrations of the available protection against this disease.

ADMINISTRATION

The Health Department through its Bureau of Communicable Diseases is now in position to give the public advice on all the known communicable diseases which is as certain a guaranty as any known at the present time of the continued good health of school children and others, and people should not and do not have grounds for unjustified alarm for fear of the spread of some communicable disease with which they are not familiar.

During the past few weeks there has been a great deal of apprehension over reports of poliomyelitis (Infantile Paralysis). Dr. Brink discusses this topic in the present issue of Health Notes and his four cardinal rules are of the greatest importance in avoiding infection with "polio" or any of the other communicable diseases.

Those who have closely followed the occurrence of poliomyelitis during the past twenty years have found that the infection rate where there is definite known exposure to cases or carriers is about one out of every two hundred so exposed. The leading authorities feel that nothing is gained by closing the schools. The children are under much better discipline in school than when running freely about town. Youth will not be restrained unless given some occupation to help pass the time, neither will youth segregate itself individually. Florida has never had an alarming "polio" outbreak. Florida has many other conditions more serious in their effect on the general health of the State than "polio."

Up to the present writing there have been two deaths in the state; last year there were fifteen; the year before there were nine.

It appears that there are many mild cases leaving a permanent immunity. It is rare to recognize more than one case occurring in a family.

The Florida Public Health Association will meet in Jacksonville December 7th, 8th and 9th for a three day conference on vital health problems in the State of Florida. Many nationally and internationally known guest speakers will appear on the program. All health officers public health nurses, sanitary officers and others interested in Public Health are expected to attend. More detailed announcement in next issue.

A milk and dairy conference will be held simultaneously with the Association meeting. All interested in dairy and milk sanitation should attend this meeting.

ADMINISTRATION

PROTECTION OF MOTHERHOOD

Below is printed a copy of the law adopted by the 1931 legislature for the control and licensing of midwives. It is the ambition of the State Board of Health to preserve and prolong human life and prevent unnecessary sickness. The purpose of regulations for the practice of midwifery is not to encourage the use of midwives nor deprive mothers of the services they render but to safeguard, as far as possible, those who must avail themselves of these services for financial or other reasons. The consensus of opinion among health authorities is that women in childbirth are best safeguarded if they are attended by physicians properly trained in this branch of medical science. With this opinion the State Board of Health of Florida is in agreement. This statement is evidenced by the series of obstetrical lectures offered to and largely attended by physicians throughout the state. These lectures are given by Dr. J. R. McCord, Professor of Obstetrics, Emory University, Atlanta, Georgia under the auspices of the State Board of Health and the Children's Bureau, U. S. Department of Labor.

THE NEW LAW

Be it Enacted by the Legislature of the State of Florida:

Sec. 1. On and after the date of the passage of this act, no person other than a duly registered and licensed physician shall practice midwifery or use the name or title of midwife unless such person shall be duly registered as a midwife with the State Board of Health.

Sec. 2. On and after the date that this act has taken effect, no license to practice midwifery shall be issued unless written application therefor sponsored by two registered, practicing physicians has been made in the form prescribed to the State Health Officer.

Sec. 3. Every applicant for a license to practice midwifery as herein before provided must possess the following qualifications:

(a) Be not less than 21 years of age.

(b) Be able to read the Manual for Midwives intelligently and to fill the birth certificates legibly; provided that in cases of persons who have extended experience or in other exceptional circumstances, this requirement may be waived by the State Health Officer.

(c) Be clean and constantly show evidence in behavior and in home of habits of cleanliness.

(d) 1. Possess a diploma from a school for midwives recognized by the State Health Officer; or

2. Have attended under the supervision of a duly licensed and registered physician not less than fifteen cases of labor and have had the care of at least fifteen mothers and new-born infants during lying-in period of at least ten days each; and shall possess a written statement from said physician that she has attended such cases in said fifteen cases, with the date engaged and address of each; and that she is reasonably skilled and competent and establish the fact that she is

ADMINISTRATION

reasonably skilled and competent to the satisfaction of the State Health Officer; or

3. Present other evidence satisfactory to the State Health Officer showing her qualifications, and

(e) Present evidence satisfactory to the State Health Officer of good moral character in such form as the State Health Officer by rule and regulation may prescribe.

Sec. 4. Unless revoked every license to practice midwifery shall permit the holder thereof to practice only during the current calendar year, the term of said calendar year being from January 1.

Sec. 5. The State Health Officer is hereby authorized and empowered to make such rules and regulations as the State Health Officer may deem necessary for regulating the practice of midwifery within the State of Florida.

Sec. 6. The State Board of Health may revoke the license of such persons practicing midwifery pursuant to this article provided he has cause and after having given the midwife an opportunity to be heard.

Sec. 7. All midwives to whom licenses shall be issued pursuant to this article must conform to all rules and regulations of the State Board of Health, the provisions of public health laws of the State of Florida, the rules and regulations of any local boards of health and all lawful orders and directions of the State Board of Health or local boards of health or local health officers and any violation on the part of any midwife of any of the rules and regulations of the State Board of Health, the provisions of the public health laws or the rules and regulations of any local boards of health, or the disobedience of any lawful order of the State Board of Health, or any local boards or health officers, shall be sufficient cause for the revocation of the license issued to the midwife, and shall also be sufficient cause for the withholding of license to practice midwifery from any midwife so offending in any manner as the aforesaid by the State Health Officer.

Sec. 8. A duly licensed and registered midwife may practice midwifery in cases of normal labor and in no others. No midwife shall in any case use instruments of any kind, or assist labor by any artificial, forcible or mechanical manner or attempt to remove adherent placentae, or administer, prescribe, advise or employ any poisonous drug or herb or medicine or attempt the treatment of disease except where the attendance of a physician cannot be speedily secured and in such cases, the midwife shall secure the attendance of the physician as soon as possible.

Sec. 9. All laws or parts of laws in conflict with this act are hereby repealed.

Sec. 10. This act shall become effective upon its becoming a law.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****DIAGNOSIS**

At the risk of repeating myself at comparatively short intervals, I want to say a few things about the limitations of the Laboratory in the matter of helping physicians make diagnoses.

The word diagnosis comes from two Greek words, one of which means "apart" and the other means "knowledge". In other words it means "telling things apart" or "distinguishing one thing from another". In medicine it is applied, of course, to the recognition of disease.

The duties of a physician comprise diagnosis, treatment and prognosis which latter word means knowing how things are going to turn out. Now, treatment is relatively simple. Rules for treatment may be set down in books where they may be consulted at leisure (as lawyers, for instance, consult law books).

A story is told of a book agent who was selling a book on "Swimming". "It's perfectly simple" he said. "If you fall into the water, all you have to do is turn to page 57 and you can't possibly get drowned".

So with medical treatment. If you know what is the matter with a patient, you can find an appropriate treatment or even fifty-seven varieties of treatment in many books. But knowing what is the matter with a patient is somewhat like having the book on "Swimming" just at hand when you fall into the water. It isn't quite so simple as it sounds.

The same disease may be manifested in many different ways and the same symptoms may come from many different conditions.

In pioneer days, an Indian would look at the ground and say, "Six hours ago a white man on a horse, an Indian on a pony and a led horse passed this way". How did he know? There wasn't anything on the ground that he could see that the white man couldn't see, as was proved by the fact that later the white man became just as skillful in such diagnosis as the Indian ever was.

It was by careful observation and the consideration of many little bits of evidence. Taken separately these small bits of evidence were of small value. Added together they made a perfectly convincing case.

So with medical diagnosis. Many of the items taken into consideration by the physician would be by themselves of small value. Added together they constitute what is generally called "overwhelming evidence".

The point I am trying to make is that it is very unsafe for the patient to imagine that he can make a diagnosis if he learns the nature

BUREAU OF DIAGNOSTIC LABORATORIES

of a laboratory report. For these things must be valued on the basis of at least two general rules:

1. No laboratory, however well and carefully conducted, is always right in its positive findings.

2. No laboratory however well and carefully conducted, is always right in its negative findings unless care be taken to express these negative findings properly, (that is to say, "We didn't find it").

SUMMARY OF WORK DONE IN AUGUST, 1931

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1006	521	11	107	96	1741
Diphtheria	518	527	20	115	11	1191
Typhoid	653	196	48	21	53	971
Malaria	672	184	44	17	86	1003
Rabies	12	9				21
Tuberculosis	209	78	4	26	4	321
Gonorrhea	619	221	27	124	24	1015
Kahn	3406	816	122	610	56	5010
Water		44		234	2	280
Milk	363	380	1	853	56	1653
Miscellaneous	305	9	8	157	6	485
	<u>7763</u>	<u>2985</u>	<u>285</u>	<u>2264</u>	<u>394</u>	<u>13691</u>

Specimen containers distributed.....7180

Biological Products Distributed

Diphtheria Antitoxin	10,000 units	48 Packages
	5,000 units	21 Packages
Toxin Antitoxin		2838 C. C.
Schick		1810 Tests
Toxoid		210 C. C.
Tetanus Antitoxin	20,000 units	4 Packages
	10,000 units	3 Packages
	1,500 units	327 Packages
Typhoid Vaccine		1730 Treatments
Vaccine Virus		660 Capillaries
Antimeningococcus Serum.....		5 Cylinders
Anaerobic Virus	100's	1 Package
Antirabic Virus		52 Treatments
Carbon Tetrachloride		887 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Lucile Spire Blachly, M. D., Director****MOTHERS' CLASSES**

As soon as the state-wide midwife survey is completed (probably November 1st) the nursing staff will be available to conduct a limited number of classes for mothers, school children, club girls, student nurses and any other interested groups. Two types of classes will be offered, one in parent education, from the standpoint of the behavior of the child, the other in the hygiene of maternity, infancy and the preschool child from the physical viewpoint, good behavior resting largely on a foundation of good physical health and the right mental and social habits built into the child from birth, a procedure inseparable from physical care.

The former will be presented by Miss Annie Gabriel, assisted later on by Miss Joyce Ely, and the latter by the remainder of the field staff, namely, Miss Nanna Colby, DeFuniak Springs; Miss Lalla Gogans, Marianna; Miss Sarah Richards, Madison; Miss Frances Hall, Lake City; Miss Mary Dodd, Starke; and Miss Jule Graves, Arcadia.

Each series will consist of six lessons to be spaced preferably one week apart. Special consideration will be given school children in classes in child care taught cooperatively with teachers of home economics and like leaders.

Below are listed topics of the several types offered. These may be varied to suit the particular groups interested. By special arrangement the preschool study classes of Parent-Teacher groups will be carried on.

Lesson Topics in the Hygiene of Maternity, Infancy and
the Preschool Child.

—A—

Course One. Mother's Classes—Prenatal, Natal and Postnatal Care.

1. The mother's place in the home.
Demonstration—A safe home.
2. The physical examination of the mother.
Demonstration—Urinalysis; blood pressure, use of pelvimeter, (Demonstration by physicians and technicians.)
3. Food for the expectant mother.
Demonstration—Food charts, recipes, etc.
4. The mother's clothing.
Demonstration—Special garments for the mother.
5. Preparation for confinement.
Demonstration—The sterile obstetric package.
6. The Confinement Room and after care.
Demonstration—The model confinement room.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Course Two. Mother's Classes—The Infant and Preschool Child.

1. The child's place in the home.
Demonstration—The safe home.
2. Nutrition and good food habits.
Demonstration—Food for the first year.
3. The routine of a well baby's day.
Demonstration—The baby's bed. The prevention of disease.
4. Cleanliness—Physical, mental, social (sex hygiene).
Demonstration—The baby's bath.
5. Play—Character building.
Demonstration—Toys.
6. Preparing the child to be a parent.
Demonstration—Practical ways of introducing pre-parental education to young children. What has been done in pre-parental education.

Note: Course One can be adapted to undergraduate and graduate students in the schools of higher learning.

Course Two can be adapted for school boys and girls.

These courses can be taught by all the nurses of the state staff.

Lesson Topics in Parent Education

—B—

Topics for Mother's Club Study Groups

Course One Habit Formation

- | | |
|-------------------------|---------------------------------|
| 1. Habits and learning. | 4. Habits of elimination. |
| 2. Habits of eating. | 5. Habits learned through play. |
| 3. Habits of sleep. | 6. A child's daily schedule. |

Course Two Emotions

- | | |
|----------------------------|--|
| 1. Emotions. | 4. Affection, self-reliance, jealousy. |
| 2. Anger and Stubbornness. | 5. Curiosity (Sex). |
| 3. Fears and timidity. | 6. Imitation and suggestion. |

Course Three Adolescence

- | | |
|---------------------------------|---------------------------------|
| 1. Physical development. | 4. Sex education. |
| 2. Mental development. | 5. The desire for independence. |
| 3. Emotional development. | 6. Vocational planning. |
| 7. Religion for the adolescent. | |

Course Four Pre-adolescence and Adolescence

- | | |
|--------------------------------|------------------------------------|
| 1. Parent-child relationships. | 4. Rivalry and competition. |
| 2. The use of leisure. | 5. Social hygiene. |
| 3. The use of money. | 6. The development of personality. |

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****INFANTILE PARALYSIS****(Poliomyelitis—"Polio")**

Numerous cases of infantile paralysis have occurred in several northern states. Quite properly the facts about the situation have been freely given out. On this account the appearance of isolated cases in Florida has caused unusual anxiety. Undue concern is not warranted in view of the fact that fewer cases have occurred this year than usual. From January 1st, 1931 to date (September 28th) eight cases have been reported for the entire state. During the same period last year there were eight cases reported and in the first 9 months of 1929, twenty-nine cases. The total for 1929 (the high number tabulated) was thirty-three.

We have knowledge of but one instance where anything remotely resembling an epidemic appeared and that was in 1929 when there were 13 cases in a city of 5,246 population.

Although we cannot be certain about what the future will bring, we do not feel that there is danger of an epidemic or cause to be alarmed.

Precautions

It is not necessary to close schools or keep children out of school. The virus of infantile paralysis is present in the discharges from the nose and mouth of the patients and carriers. The latter are of much greater importance in transmitting the disease hence everyone should, at all times, look to personal hygiene and obey the

Four Cardinal Rules

1. Cover the nose and mouth when you cough or sneeze, avoid those who neglect to do so.
2. Use only sanitary drinking facilities and use them correctly. Never drink from a common cup or touch the mouth to the outlet of a spigot or drinking fountain.
3. Wash the hands thoroughly with soap and water before eating.
4. Keep out of the mouth everything that is not clean and everything that does not belong there.

Unnecessary travel into sections where infantile paralysis is prevalent should be avoided. Persons whose business takes them into such sections should not take children with them. Rigid restriction of travel is not recommended.

Early Symptoms

Recognition of this disease is difficult if paralysis has not appeared but parents should be suspicious if a child has a rise of temperature,

BUREAU OF COMMUNICABLE DISEASES

pulse and respiration with abnormal excitability and irritability or dullness and a desire to not be disturbed, stiffness of the neck or spine, shown when the patient sits up in bed with feet extended and pain if the head is bowed or turned. The prostration is often greater than the temperature, usually under 102 degrees, would indicate. There may be a little sore throat.

When there is any suspicion a medical doctor should be called. He will be alert for other symptoms. Everybody but the doctor and nurse must stay out of the sick room.

T. B. TAKE THE HINDMOST

The development of active tuberculosis in an individual depends largely on lowered physical vitality. We have been in the habit of thinking and speaking of good health as a protection from other communicable diseases and that may be a factor but many a man in the very pink of condition has been seen to come down with one of the self limited diseases or diseases that sometimes become epidemic. In tuberculosis more than any other communicable disease, lowered resistance plays an important role and we refer here not to any decrease in specific immunity but to undernutrition, fatigue and the ill effects of bad ventilation, dissipation, etc. Another essential factor in the development of tuberculosis is infection. If one gets only a small amount of infection into the body as from occasional slight contact with a patient, he may get the infection but not develop active tuberculosis. He apparently acquires some degree of specific immunity and is not so likely to contract tuberculosis from later and greater exposure. So it appears that slight exposure and light infection may be desirable though not to be directly sought. In fact, we cannot hope entirely to avoid exposure. The initial infection, if too great, may lead to active disease and disaster.

There is a homely

Old Saying

"Every man for himself and the devil take the hindmost." This is particularly apropos in reference to tuberculosis. We have no sympathy for the person who leans continuously and heavily on charity. We do not advocate allowing a communicable disease to be the factor which shall determine who is fit to survive because if nothing more is done many who are fit to survive are sure to succumb. The higher the standard of living, the less danger of tuberculosis. Men must have employment at a wage that will maintain them and their families comfortably, must be encouraged to accept employment at a reasonable wage and render reasonable service to their employers. Charity will have to be extended to the families of men who will not work, to the unfortunate and to the sick.

Hospital care for the tubercular ought to be provided. It will hold the degree of infection more nearly within the limits of safety, enable some patients to recover and give others of the household a better chance to make a living.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

FATALITIES FROM AUTOMOBILE ACCIDENTS



With one exception, (i. e., California), Florida shows a greater increase in population during the last decade than any other state according to the final figures released by the population department of the Bureau of the Census at Washington. The increase in Florida was 51.6 per cent while for the entire United

States the increase in population was only 16.1 per cent.

This preliminary statement is very important and should be kept in mind when drawing conclusions in studying the chart on the back cover of this publication where a comparison is made of death rates, by years, from automobile accidents, in Florida with the United States Registration Area. It will be observed that the death rate in the United States Registration Area for automobile accidents has steadily increased from 1917 to 1929. In Florida, however, while the general trend is going upward, there is not the same uniformity when comparing one year with another. In 1921, for instance, the Florida rate declined. In 1928 there was a decidedly sharp decline. In 1929, however, the trend is upward and for 1930 again the rate goes up.

One factor contributing to the high death rates in Florida from automobile accidents in 1925 and 1926 was the tremendous influx of population. Another influence that must be taken into consideration is that during the winter months in Florida, there is a much greater population than the official census figures indicate. Owing to a year-round mild and pleasant temperature, thousands of winter visitors spend from two to five months during the winter in our sub-tropical climate, either shipping or bringing with them their automobiles.

Space will not permit a complete analysis which is really essential to make possible a fair comparison between the Florida rates and those of the United States Registration Area.

Deaths from Automobile Accidents and Death Rates per 100,000
Population By Color—Florida, 1926-1930

Years	Total		White		Colored	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
1930	564	38.1	430	41.1	134	30.8
1929	496	34.6	392	39.0	104	24.5
1928	397	28.7	295	30.5	102	24.6
1927	427	37.6	323	34.8	104	25.7
1926	512	39.8	396	44.5	116	29.3

BUREAU OF VITAL STATISTICS

Deaths from Automobile Accidents and Death Rates per 100,000
Population By Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
0. State.....	564	38.1	430	41.1	134	30.8
1. Alachua.....	17	49.1	14	72.9	3	19.5
2. Baker.....	1	15.9	0	.....	1	55.6
3. Bay.....	2	16.5	2	22.2	0	.....
4. Bradford.....	2	21.3	2	29.9	0	.....
5. Brevard.....	7	52.2	6	65.9	1	23.3
6. Broward.....	8	39.0	4	29.4	4	58.0
7. Calhoun.....	0	.....	0	.....	0	.....
55. Charlotte.....	0	.....	0	.....	0	.....
8. Citrus.....	3	54.5	2	54.1	1	55.6
9. Clay.....	1	14.5	1	19.6	0	.....
62. Collier.....	1	34.5	1	50.0	0	.....
10. Columbia.....	15	102.7	12	134.8	3	52.6
11. Dade.....	77	53.0	55	47.9	22	72.1
12. DeSoto.....	3	38.5	2	31.7	1	66.7
56. Dixie.....	2	30.8	2	57.1	0	.....
13. Duval.....	57	36.4	42	40.8	15	28.0
14. Escambia.....	34	63.3	25	62.8	9	64.7
53. Flagler.....	0	.....	0	.....	0	.....
15. Franklin.....	1	15.9	1	26.3	0	.....
16. Gadsden*.....	9	30.0	7	53.8	2	11.8
64. Gilchrist.....	1	24.4	1	29.4	0	.....
57. Glades.....	2	71.4	0	.....	2	222.2
65. Gulf.....	3	93.8	1	47.6	2	181.8
17. Hamilton.....	3	31.7	3	52.9	0	.....
58. Hardee.....	1	9.6	1	10.5	0	.....
63. Hendry.....	0	.....	0	.....	0	.....
18. Hernando.....	3	60.0	3	88.2	0	.....
59. Highlands.....	2	21.5	2	30.3	0	.....
19. Hillsboro.....	35	22.6	30	23.8	5	17.1
20. Holmes.....	2	15.5	2	16.0	0	.....
66. Indian River.....	1	14.7	1	20.8	0	.....
21. Jackson.....	12	37.5	7	35.9	5	40.0
22. Jefferson.....	4	29.8	3	70.0	1	11.0

* State Hospital Inmates Included.

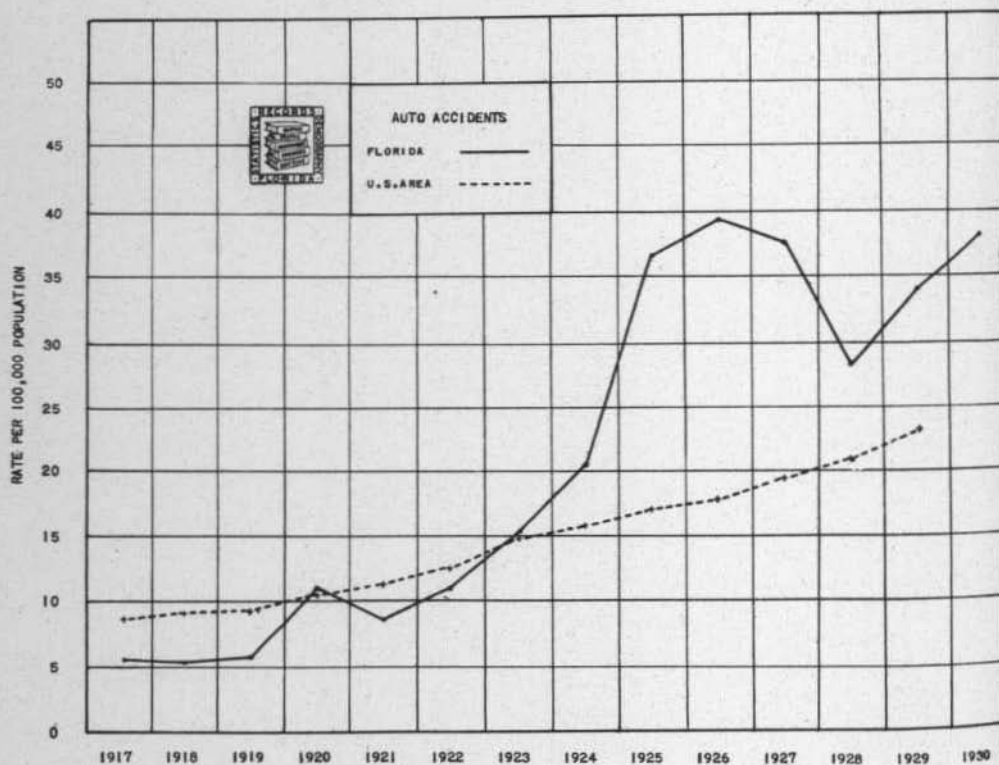
BUREAU OF VITAL STATISTICS

Deaths from Automobile Accidents and Death Rates per 100,000
Population By Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
23. Lafayette.....	0	.....	0	.....	0	.....
24. Lake.....	6	25.6	5	29.6	1	15.4
25. Lee.....	9	59.2	5	43.1	4	111.1
26. Leon.....	18	76.3	14	142.9	4	29.0
27. Levy.....	3	24.0	1	13.0	2	41.7
28. Liberty.....	1	24.6	1	37.8	0	.....
29. Madison.....	9	57.6	6	81.0	3	36.6
30. Manatee.....	7	30.8	4	25.3	3	43.5
31. Marion.....	9	30.3	7	46.1	2	13.8
67. Martin.....	5	96.2	3	93.8	2	100.0
32. Monroe.....	5	36.7	4	35.9	1	40.1
33. Nassau.....	2	21.3	1	18.2	1	25.7
34. Okaloosa.....	3	30.3	3	33.7	0	.....
54. Okeechobee.....	0	.....	0	.....	0	.....
35. Orange.....	18	35.6	16	42.0	2	16.1
36. Osceola.....	1	9.3	0	.....	1	31.3
37. Palm Beach.....	32	60.8	18	50.7	14	81.9
38. Pasco.....	5	47.2	5	56.8	0	.....
39. Pinellas.....	24	38.1	18	34.7	6	53.6
40. Polk.....	10	13.7	10	17.6	0	.....
41. Putnam.....	4	22.0	3	29.1	1	12.7
42. St. Johns.....	8	42.6	8	66.1	0	.....
43. St. Lucie.....	5	70.4	4	76.9	1	52.6
44. Santa Rosa.....	5	35.5	4	33.6	1	45.5
60. Sarasota.....	7	55.6	7	71.4	0	.....
45. Seminole.....	6	31.7	4	38.5	2	23.5
46. Sumter.....	2	18.7	1	13.3	1	31.3
47. Suwannee.....	5	31.8	5	48.1	0	.....
48. Taylor.....	3	22.7	3	36.6	0	.....
61. Union.....	3	40.0	2	43.5	1	34.5
49. Volusia.....	26	60.2	23	75.2	3	23.8
50. Wakulla.....	6	109.1	6	187.5	0	.....
51. Walton.....	7	47.9	6	50.4	1	37.0
52. Washington.....	1	8.2	1	10.4	0	.....

FATALITIES FROM AUTOMOBILE ACCIDENTS

A comparison of Death Rates in Florida with United States
Registration Area, by Years.





FACSIMILE OF
HEALTH TAGS
MFG. AT STATE FARM
FOR FRONT OF AUTOMOBILES
PRICE 25¢

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

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No. 11

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

OYSTERS—*Lenert*

FACT FINDING SURVEY—*Blachly*

ACCIDENTAL DEATHS—*Thompson*

THE BALANCE OF NATURE—*Eaton*

PUBLIC HEALTH CONFERENCE—*Hanson*

VARIATIONS IN PREVALENCE OF TYPHOID—*Brink*

HENRY HANSON, M. D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board.

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*Vital Statistics.....	Stewart G. Thompson, D. P. H.
Communicable Diseases.....	F. A. Brink, M. D.
Engineering.....	Louva C. Lenert
Child Hygiene and Public Health Nursing.....	Lucile Spire Blachly, M. D.
Accounting.....	Screven Dozier

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 *Registration Inspector..... Anna C. Emmons
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Marianna.....	Lalla Mary Goggans, R. N.
Ruskin.....	Joyce Ely, R. N.
Starke.....	Mary G. Dodd, R. N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

ANNUAL PUBLIC HEALTH CONFERENCE JACKSONVILLE, DEC. 7-10, 1931.

The meeting of the Florida Public Health Association promises to be one of the annual events of the State scientific world. An unusual array of talent of national and international reputation has been secured. City governments will have an opportunity to detail their health workers to hear how the work is done in other places. One of the difficulties experienced by the individual in a more or less isolated community is lack of opportunity for consultations on problems met in the course of the daily routine.

The State Conference has arranged a program which provides a paper or address on each phase of state and municipal health activities. The meeting will occupy four days. Each morning is taken up with a general program of addresses by prominent guest speakers. The afternoons will be used for sectional meetings and round table discussions on local, municipal and state problems.

The leading features of the first day are the opening address by our Governor on "The State in Public Health" to be followed by Dr. John A. Ferrell, Director of the Health Activities of the Rockefeller Foundation in the United States and president-elect of the American Public Health Association, with an address on "Education and Training of Public Health Personnel". Dr. T. F. Murphy, of the Vital Statistics section of the Bureau of Census, will tell of registration affairs and vital statistics.

Monday afternoon will be devoted to epidemiology and public health nursing.

Monday evening will afford an opportunity to serious minded sanitarians to "shake a leg" and demonstrate that they are as young as they feel in a reception and dance from 9:00 p. m. to 12:30 a. m.

On Tuesday, the president of the Florida Medical Association, the Health Officer of Alabama, the Commissioner of Health of Virginia, Doctor J. R. McCord of Emory University and one of Jacksonville's heart experts will deliver addresses showing the interrelationship of the medical practice and health work.

Tuesday afternoon promises to be interesting in featuring a child hygiene program with Dr. J. S. Crumbine of the American Child Health Association as the principal speaker. A nationally known authority on public health nursing will address the Conference on the functions of a public health nurse in a state program. There will be schools and sessions for sanitary inspectors, details of which are not complete at the time of this writing.

Wednesday morning will have as one of the leading features of

ADMINISTRATION

the Conference a malaria symposium by Dr. Mark F. Boyd of the Rockefeller Foundation, Director of the Malaria Research Division of the State Board of Health, and Drs. L. L. Williams and T. H. D. Griffiths, of the U. S. Public Health Service. These are three leading authorities on malaria control.

On Wednesday afternoon, the Association of City Milk Inspectors opens a session which continues on Thursday as a milk inspectors' school with Mr. Leslie C. Frank, of the U. S. Public Health Service, and Mr. Ernest Kelly, of the Bureau of Dairy Industry, as the principal speakers.

This Conference is regarded as an unusual opportunity for Florida citizens to learn the fundamentals of public health activities.

Persons interested will be furnished programs on request. All interested are invited to attend.

BUREAU OF ENGINEERING

Louva G. Lenert, Chief Engineer

OYSTERS

Be safe. Buy your oysters from a reputable dealer.

The oyster season is here again and the above advice is repeated for all who partake of this luscious bi-valve, one of nature's finest gifts from the sea.

Don't judge the quality of oysters by their appearance alone. The plumpest and largest lots could easily be secured from polluted waters or they may have been stored or fattened in the back wash from a sewer. The offal from the sewer in fact seems to produce the choicest specimens as far as plumpness goes, but they must be avoided like a plague. There is no more delicious food and Florida is favored with a larger crop this year than ever before.

As a safeguard for this wonderful food and the industry which thrives on the gathering, distribution and marketing of oysters and clams the Florida State Board of Health, City Health Departments and other State Boards of Health cooperating maintain a sanitary supervision over the growing, handling, packing and shipping of shellfish and in order that the output of any dealer may be accepted for sale the dealer must have a certificate from the State Board of Health for interstate shipments and from a city health department for local deliveries. To secure this certificate the dealer must conform to very rigid sanitary requirements and the oysters and clams must be secured only from certified areas. The method of handling and shipment must also be approved.

This certificate means that the person or firm operating under it agrees to take the shell oysters only from permitted and approved

BUREAU OF ENGINEERING

areas. Reputable and conscientious dealers have no difficulty in securing such permits and their products are readily identified. The oysters are packed in metal containers each bearing the certificate number assigned to that particular dealer by the State Board of Health.

A suggested ordinance for the further protection of those cities where it has not yet been adopted is given below, as follows:

An Ordinance regulating the Gathering, Storing, Handling and Sale of shellfish within the Corporate limits of the City of.....

BE IT ORDAINED BY THE CITY OF

- Sec. 1. All shippers, re-shippers, packers and wholesalers of shellfish shall keep an accurate record; subject to inspection by proper officials, of all lots received, shipped and sold. All retailers shall keep an accurate record, subject to inspection by proper officials of all lots received.
- Sec. 2. That no shellfish shall be gathered, handled, stored, sold, produced or offered for sale, within the corporate limits of the city of....., except those produced and handled in accordance with the rules and regulations of the state agency having jurisdiction over the same.
- Sec. 3. That all dealers in shellfish, within the corporate limits of the city of....., including producers, handlers and hucksters, shall be required to secure permits from the health department of the city of....., said permits to be issued only to persons, firms or corporations, who handle shellfish from the sources certified by the State agency having jurisdiction and approved by the United States Public Health Service. Said permits shall be for maximum period of one year and shall terminate annually on October first, and may at any time be renewed in accordance with the conditions stated herein.
- Sec. 4. It shall be unlawful for anyone to sell or offer for sale, to store or hold for sale, shellfish within the corporate limits of the city of....., without a permit from the Health Department, as required above.
- Sec. 5. Shell oysters and clams shall be handled under such temperature conditions as will keep them alive; that is, at a temperature below 50°F. but above freezing.
- Sec. 6. For refrigeration of shucked stock, outside containers should be provided for ice, and no ice or other foreign substance shall be allowed in contact with the shellfish. Shucked stock should be kept at a temperature of 50°F., or below, from the time it leaves the shipper until it reaches the consumer, but should not be allowed to freeze.

BUREAU OF ENGINEERING

- Sec. 7. All shucked stock received by wholesale or retailers shall be kept in the original sealed containers, which shall not be opened except as required for dispensing by the retailers.
- Sec. 8. Shucked stock in bulk shall be sold only under the following conditions:
- (a) Containers from which they are dispensed shall be marked with the name and address or identification mark of the shipper.
 - (b) When the container is opened, either by packer, wholesaler or retailer, it shall be done under proper sanitary precautions. All utensils coming in contact with the raw food shall be sterilized before use, in accordance with approved methods; and containers furnished by the dealer for dispensing to customers must be clean. The manual handling of shucked oysters is prohibited.
 - (c) Persons handling shucked stock in retail dispensation shall be subject to the same regulations and supervision that apply to other food handlers.
 - (d) Any adulteration or the addition of any water or ice is prohibited.
 - (e) The display of shucked stock in open cans, windows or showcases is prohibited.
 - (f) Proper refrigeration shall be provided in all places, including retail stores, where shucked stock is kept.
- Sec. 9. The city health officer shall have the authority to revoke any permits granted under this ordinance, for violation of any of the provisions thereof or for violation of any of the rules or regulations of the State Agency having jurisdiction over and certifying the sources of the shellfish.
- Sec. 10. Any person, firm or in case of a corporation, the officers thereof, violating any of the provisions of this ordinance shall, on conviction, be punished by a fine not exceeding \$100.00 or by imprisonment not exceeding 30 days or by both fine and imprisonment in the discretion of the court.

HIGH SCHOOL ATHLETICS

Facing facts about what athletics has done and can do to boys may gripe certain enthusiastic supporters of high school teams, especially those older gentlemen who think the town will go to the bow-wows if the boys do not bring home the next football championship, Alfred E. Parker, himself a physical education director, declares in Hygeia. There is need of more careful supervision to prevent over-exertion of immature boys.

BUREAU OF ENGINEERING

LIST OF CERTIFIED SHELLFISH DEALERS IN THE STATE OF
FLORIDA AS CERTIFIED TO THE UNITED STATES PUBLIC
HEALTH SERVICE FOR INTERSTATE SHIPMENTS.

Firm	Cert. No.	Firm	Cert. No.
Amelia City (Fernandina)		Indian Pass	
Gerbings Oyster Farm	Fla-20	Gulf Fish Company	Fla-53
Apalachicola		Lynn Haven	
Acme Packing Company	Fla- 6	Mason, J. F., Fish and	
Anderson, J. O. & Co.	Fla-11	Oyster Co.	Fla-33
Apalachicola Fish &		Millville	
Oyster Company	Fla-10	Holmes, J. D., Fish and	
Egbert, George H.	Fla- 9	Oyster Co.	Fla-47
Green Point Fish &		Russ Fish Company	Fla-40
Oyster Co.	Fla- 7	Panacea	
Gulf Beach Packing Co.	Fla-13	Metcalfe, John M., Co.	Fla-50
Hiles-Dixie Sea Foods Co.	Fla- 8		
Maddox, J. W.	Fla-24	Parker	
Reliable Fish & Oyster Co.	Fla-12	Brown Fish & Oyster Co.	Fla-48
Sanitary Sea Food Co.	Fla- 5	Citizens Oyster Co.	Fla-46
Speery, H. W.	Fla-17	Port Orange	
Standard Fish & Oyster		Worster Seafood Co.	Fla-23
Company	Fla- 3		
United Sea Foods Co.	Fla- 4	Port St. Joe	
West Point Oyster Co.	Fla-15	Anderson Fish Co.	Fla-18
Wilson Brothers	Fla-39	Jones, A. W., & Son	
Arran		Oyster Co.	Fla-59
Whaley & Stokley Co.	Fla- 1	Southport	
Carrabelle		Dybdal, Thos. J., Fish Co.	Fla-54
Falcon Fish Company	Fla-21	North Bay Oyster Co.	Fla-60
Warren Fish & Oyster Co.	Fla-45	Scurlock, W. F., Co.	Fla-32
Crescent Beach (St. Augustine)		Youngblood, J. W., Co.	Fla-30
*Adams, S. N., Company	Fla-101		
Crystal River		Spring Creek (Ben Haden)	
Millers Point Fish Co.	Fla-22	Spears, Edward, Co.	Fla-41
East Point		Wakulla	
Brannan, R. F.	Fla-58	Spring Creek Fish Co.	Fla-55
Coffman, R. L., Oyster Co.	Fla-57		
Taff Oyster Company	Fla-56	West Bay	
Tucker, A. L., Oyster Co.	Fla-34	Rogers, J. E.	Fla-42

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****THE BALANCE OF NATURE**

The island of Jamaica was once a very prosperous place because it was one of the great sugar-producing regions of the earth. Rats got into the island, probably on ships coming from Europe and found conditions so much to their liking that they multiplied inordinately, becoming a very serious pest.

Some bright genius bethought himself of the enmity between the Egyptian mongoose and the rat so the mongoose was introduced into Jamaica to kill off the rat. He did a good job of it. (Parenthetically it may be said that some of the rats as a matter of self-preservation learned to nest in the trees, a habit which their descendants keep up to the present day).

But when the mongoose had eaten up most of the rats, he had increased in numbers, too, and needed other food supplies, which he found in the eggs of the ground-nesting birds. There being then fewer birds in the Island, the insects, which had been kept in check by the birds, increased in numbers in their turn and presently the Island was eaten up by a plague of insects. Sugar growers had to develop a worm-resisting breed of sugar cane and found that the best they could do was a 7% sugar content compared to 14% in pre-mongoose days. Altogether, the last state of the Island was worse than the first.

It is a ticklish thing to interfere with the balance of Nature in either plant or animal life. Australia has suffered from ill-considered experiments in both these kingdoms of Nature. Rabbits ate up their crops and cactus over-ran their fields, putting them to great expense in each instance. Australia is pretty hard-boiled about introducing any new plants or animals.

These reflections are indulged in for the purpose of introducing a little discussion of the dog problem in Florida. If, and when, the people of this State become aware of the menace of rabies, they will be wise to abolish the disease instead of the dog. For the dog is an important natural enemy of the rat and with the dog out of the way the rat would probably increase at a frightful rate and he would soon become a greater pest than he is now.

Until we cultivate some new habits in the disposal of food wastes the rat will always be a menace. If we inaugurate a "Safety First Campaign" for rats by killing or otherwise disposing of dogs, the rats would take advantage of the situation much more quickly than we could learn how to take care of food wastes.

With all our boasted intelligence we are inferior in some ways to the rat, the boll-weevil, the termite, the corn-borer, and any number of pests. These pests devote themselves whole-heartedly to making their livings and raising families, not being bothered by psychological panics.

BUREAU OF DIAGNOSTIC LABORATORIES

Man lets things slide, and then if anything goes wrong, blames it on the politicians or the stock market.

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
SEPTEMBER, 1931.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	875	279	49	127	443	1773
Diphtheria	1209	248	55	129	60	1701
Typhoid	471	203	57	45	55	831
Malaria	461	198	53	41	243	996
Rabies	20	4		1		25
Tuberculosis	194	67	16	22	10	309
Gonorrhea	561	222	43	107	28	961
Kahn	3468	914	131	769	164	5446
Water		33	1	296		330
Milk	574	320	9	649	54	1606
Miscellaneous	221	37	1	198	7	464
	8054	2525	415	2384	1064	14442

Specimen Containers Distributed 10700

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	112 Packages
	5,000 units	36 Packages
Toxin Antitoxin.....		7722 C. C.
Schick.....		5590 Tests
Toxoid.....		1410 C. C.
Tetanus Antitoxin.....	20,000 units	4 Packages
	10,000 units	18 Packages
	1,500 units	16 Packages
Typhoid Vaccine.....		4530 Treatments
Vaccine Virus.....		1900 Capillaries
Antimeningococcus Serum.....		6 Cylinders
Anaerobic Virus.....	100's	2 Treatments
Antirabic Virus.....		48 Treatments
Carbon Tetrachloride.....		2015 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Lucile Spire Blachly, M. D., Director****FACT FINDING SURVEY**

This is a provisional report of a fact finding preschool survey made jointly by the State Board of Health and the Leon County Health Unit for the purpose of ascertaining the present physical condition of a considerable number of average children, rural and city, and to determine, if possible, the probable factors operating to produce such defects as might be found.

To insure a reasonable degree of accuracy the rather complete histories covering social status, birth condition, development, health habits, present and past feeding, etc., were made by nurses carefully drilled in the use of the forms used and these in turn were rechecked by the examining physician. In order that the physical findings might be comparable, all the examinations were made by the same physician.

The physical findings were classified on the basis of the degree of impairment, i. e., 1 X indicating a slight defect, 2 X, moderate, requiring further follow-up care and 3X, marked abnormality, needing immediate professional attention.

The study covered 155 rural and 189 city children—a total of 344—which is about one-third of the white preschool population of the county. As to the average number of defects, regardless of degree of impairment, it is interesting to note the close degree of correspondence between city and rural, the former showing an average of 6.6 defects per child and the latter 6.2. When compared as to degree of impairment, the city children showed a slightly greater average for degrees 1 X and 2 X, namely 4, and 1.6 respectively as against 3.5 and 1.3 for the rural children, and conversely the rural children showed a greater number of serious, 3 X, defects than the city, the figures being 1.4 for the rural and 0.9 for the city.

Classification of the most prevalent defects: With both groups, malnutrition led the list with an average of 1.7 defects to the city child and 1.4 to the rural; skeletal defects ranked next with 1.3 for the city and 1 for the rural: twice as many rural as city children showed skin defects, the figures being 0.4 and 0.2 respectively; on the other hand the rural children showed nearly four times as many badly diseased tonsils, the figures being 1 in 26 for the rural and 1 in 95 for the city; one out of 39 rural and one out of 48 city children had some chest defect (heart or lungs); and one out of 52 rural and one out of 63 city children showed obvious mental retardation. Five rural and four city children showed no defects.

Birth Histories: 93% of the rural and 91% of the city children were born in good condition, 97% in each instance being delivered at term: 90% of the rural and 86% of the city were delivered spontaneously; 84% of the rural and 96% of the city were attended at birth by physicians; 37% of the rural and 14% of the city had had no prenatal care and 10% and 12% respectively less than five months.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Immunization and Vaccination: 6% of the city and 1.2% of the rural children had been vaccinated while 34% of the city and 24% of the rural had been immunized against diphtheria; 12% of the city and 15% of the rural children over three years of age had been inoculated against typhoid.

Health Habit Practices: Taking the recommendations of the advisory board of pediatricians of the Children's Bureau as a standard in infant and child care and training the following errors in health habits were noted: 88% of the city and 69% of the rural children were put to bed too late; 29% of the city and 14% of the rural had insufficient day time rest; 40% of the city and 17% of the rural showed insufficient exposure to the sun; 21% of the city and 23% of the rural were given cathartics freely without a physician's orders; 40% of the city and 61% of the rural ate between meals.

Food Practices: 52% of the city and 50% of the rural received adequate milk; 14% of the former and 22% of the latter had none with 34% of the former and 28% of the latter receiving an insufficient quantity.

Only 4% of the city as against 34% of the rural were not given fruit daily while 27% of the city and 35% of the rural were not fed green leafy vegetables as often as the above; 5% of the city and 23% of the rural received cooked cereal less than once daily or not at all while 15% of the city and 13% of the rural were not fed eggs daily. 14% of the city and 22% of the rural old enough to receive lean meats daily were not so provided. (Children under five months were excluded in computing the percentage as regards the use of eggs, those under six, cereal and green leafy vegetables, and those under fourteen, lean meat).

95% of the city and 98% of the rural were nursed on the breast from birth.

CHEESE HISTORY GIVES FLAVOR TO NUMEROUS COMMERCIAL VARIETIES

"Once upon a time an Arab herdsman set forth on a long, hot journey carrying his ration of milk in a bag made from the partly dried stomach of a calf or a sheep. At the end of a goodly portion of his trip he stopped to eat his dates and drink the milk. But to his amazement, the fluid he secured from the carrying pouch was clear and transparent and in the bag was a large mass of solid white material. He tasted this and found it good. He probably told his friends and they tried it, then squeezed it quite dry and gradually experiments and local bacteria played a part in modifying the flavor."

This is the story Miss E. M. Geraghty tells in the November Hygeia of the first use of cheese.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****VARIATIONS IN PREVALENCE OF TYPHOID**

There is a story of a man who lived in a city and owned several houses. A storm was brewing and there was a brisk wind. A house caught fire and a conflagration threatened so the man betook himself to the fire insurance agent to get his buildings insured but the agent, fearing the storm, had gone to another office to buy tornado insurance and the tornado man, fearing for his life, had gone to buy accident insurance. All three men were seeking protection too late.

The same thing happens frequently in matters that relate to the public health. Last year there were reported in Florida, 72 deaths from typhoid, the lowest number ever recorded.

This year, in spite of many inoculations and intensive sanitary work there were 70 deaths in the first eight months.

A number of factors contributed to this increase of typhoid deaths but procrastination was probably the chief cause. Putting off the "shots" until a more convenient time and putting off sanitary construction—well, probably until the depression is over when the cost will be doubled.

Typhoid strikes down the young adult, it also attacks children and the aged. It is preventable. Any person who neglects to take out typhoid insurance in the form of inoculation and sanitation is more foolish than the three men. See your doctor. Study sanitation.

**ONE DOCTOR REPORTS**

When a doctor looks over the morbidity reports week after week and sees recorded only the number of notifiable diseases he has reported himself, he is apt either to think that he has all the cases in the county or that his confreres are not discharging their civic obligations by reporting. He might also feel that his efforts alone are futile. If he should quit, the county would go into the delinquent list. The report card blanks are free, no postage is required, but it takes a moment and it may mean much to the community. Until the presence of a communicable disease in a community is reported the health department cannot know or do anything about it. Sometimes, when lay people invite our attention to the presence of an epidemic, we have the satisfaction of advising them that the local doctors have reported and the situation is well in hand. At other times we do not have that satisfaction. In one county there have been reported this year 12 typhoid deaths and only 23 cases. A terrible fatality rate or very bad reporting. Yours for better reporting.

BUREAU OF COMMUNICABLE DISEASES

"MISINFORMED BUT WELL-MEANING"

For the second time within a year a City Health Officer has reported a diphtheria death resulting directly from religious prejudice against medical attendance. No parent can believe it possible for another (sane) parent to stand by and permit a child's life to be sacrificed for the lack of suitable treatment. Antitoxin is the remedy on which 150,000 physicians in the United States depend for the cure of diphtheria. These same physicians and many thousands in other countries are depending more and more on toxin-antitoxin to prevent diphtheria.

It is not the will of The Father that one of these little ones should perish.

Recently fourteen cases of typhoid in two small Florida communities were traced to a single source. There was one death, one patient had a perforation and some 726 persons were given typhoid preventive treatment by local physicians. Sanitation protects most people, but we never can be sure we are thus safe and the inoculations give the necessary added protection.

Typhoid inoculations should be given:

- Before starting on vacation.
 - Before starting school.
 - Before contracting typhoid.
 - Once in two years (for several courses).
 - To children as young as one year.
 - By the family physician.
-

WHAT IS MOST LIKELY TO BE WRONG WHEN THE EAR ACHES

Two types of ear disease are most common: furuncle, or inflammation of the ear canal, and inflammation of the middle ear, explains Dr. Joseph Popper in an article in *Hygeia* for November.

A furuncle is an infection of the skin commonly referred to as a pimple or a small boil in the external canal of the ear. It is the tube into which misguided persons sometimes poke toothpicks or other implements to relieve itching or to remove wax.

"Middle ear disease is a germ disease," the author explains. "Pus-producing bacteria gain access to the middle ear and produce inflammation, evidenced by pain, redness and swelling of the drum, followed by formation of abscess and discharge of pus."

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

ACCIDENTAL DEATHS



Violent and accidental deaths were responsible for 12% of all deaths occurring in Florida during the calendar year 1930. Infectious and parasitic diseases caused 14% of all deaths in the state. The combination of violent and accidental deaths with infectious and parasitic diseases was responsible for 26% of all deaths in Florida last year. The importance and necessity for increased activities of public health and safety council departments; city, state and national, is vividly pictured in this tremendous toll of human life claimed by preventable causes. When more than a fourth of the deaths occurring are charged to preventable causes, it is time to renew vigorous efforts along the lines of prevention. In order that we may have a closer view of the picture and thus be in a better position to attack the problems involved, a brief analysis is given.

There were 1,557 deaths caused by accidents which represent 9% of all deaths; 564 deaths from automobile accidents, representing 3%; 362 homicides, representing 2%; and 200 suicides, representing 1%. Volumes have been written from time to time on each of these subjects with various ideas given for remedies. There are other causes responsible for accidental deaths which contribute very definitely to the annual mortality and the unhappiness and sorrow that follows. Although the number is not so great, it is still important and our citizenship should be instructed along the lines of prevention. We should have a state consciousness regarding dangers as well as ways and means for protection. Each individual should have a care for the safety and protection of the fellow beings with whom he mingles and not allow his influence or actions to be responsible for harm to others.

- 61 deaths were due to falls;
- 17 deaths were caused from falling down stairs or on steps;
- 14 deaths were caused from falling out of bed;
- 14 people were killed by trees falling on them;
- 8 deaths were caused from falling out of trees;
- 8 fell from scaffolds or ladders and were killed;
- 7 fell while walking and were killed;
- 5 fell from porches and were killed;
- 5 fell off chairs and were killed;
- 5 were killed from diving;
- 4 fell on bathtub or in bathroom and were killed; and
- 2 fell off horses and were killed.

Deaths from accidents similar to the ones just mentioned are occurring year after year and the price that is paid by loss of life through carelessness is entirely too high.

BUREAU OF VITAL STATISTICS

There are other accidents over which we have less control.

- 9 deaths were caused last year by snake bites, 8 of which were rattlesnakes and 1 moccasin;
- 2 by being gored by a bull;
- 1 death occurred from hog bite;
- 1 from dog bite;
- 1 by being kicked by a horse, etc.

This information revealed from a study of the original death certificates filed in Florida should be a warning to every citizen to be careful for his own protection and to be thoughtful for the protection of friends, companions and fellow travelers. Splendid results have been obtained in the protection of lives from accidental deaths by the National Safety Council, by the state and city officials and by organizations which merit mention in this connection which have to do with the training of our young boys and girls,—the Boy Scouts and the Girl Scouts. These young folks are thoroughly trained in protecting themselves, giving aid to others and considering their own actions to such an extent that others will not perish because of their own carelessness.

NOTELETS

Dr. T. F. Murphy, Chief Statistician for the Bureau of the Census, Washington, D. C., will be in Florida in December. Dr. Murphy is to be on the program of the Florida Public Health Association which will meet in Jacksonville, December 7th, 8th and 9th. A number of registrars from other states are expected at this meeting. This is a real opportunity for any one interested in vital statistics to meet Dr. Murphy personally as well as hear his paper on "Registration Affairs." The meetings will be open to the general public but this little notelet is prepared primarily to serve as a cordial invitation to all local registrars in Florida to attend this meeting, if possible. Please let us know in advance of your coming so that you may be included in our round table discussions of vital statistics problems.

* * * * *

The slow rate of speed with which scientific news is spread is well illustrated by the discovery of the malaria parasite by Laveran in 1880. Sir Ronald Ross, contemporary scientist, heard of it for the first time in 1888, Dr. Claude Lillingston declares in the November Hygeia.

The promotion of better health and the prolongation of life to the end that our citizenship may have greater happiness and increased capacity for service and productiveness is the objective of the Kentucky State Board of Health.

* * * * *

Since there is no real cure for epilepsy, and since drugs used in the treatment of epilepsy act merely as depressants, the greatest care must be taken in the preparation of the drugs for each person. No one but a competent doctor can judge the dosage that is just powerful enough. Even more serious than faith-healing fanatics are the purveyors of nostrums containing bromides and phenobarbital included in secret formulas, an editorial in the November issue of Hygeia explains.

* * * * *

Nearly three million cases of communicable diseases are reported in this country annually and, of course, many more are never reported.—American Child Health Association Bulletin, September, 1931.

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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

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No. 12

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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WELL-TO-DO MAY HAVE TUBERCULOSIS—*Brink*

HENRY HANSON, M. D., STATE HEALTH OFFICER
Also Executive Officer and Secretary of Board.

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 *Vital Statistics.....
 Communicable Diseases.....
 Engineering.....
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 F. A. Brink, M. D.
 Louva G. Lenert
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TUBERCULOSIS AND EPIDEMIOLOGY

Jacksonville.....	W. A. Claxton, M. D.
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MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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ADMINISTRATION**Henry Hanson, M. D., State Health Officer****SCREVEN DOZIER**

"Screven Dozier of Jacksonville was born in Fernandina, Fla., July 25, 1861, and comes of a well-known Southern family whose name is prominent in the records of the Civil War. He was the son of Capt. Henry Cuttineau Dozier, a native of Georgetown, S. C., and a captain in the Confederate States army. During the Civil War, the family lived in Gainesville, but in 1872 removed to Atlanta, Ga., where Mr. Dozier received his education in the public schools and where he remained until 1882. In 1878, at the age of seventeen years, he entered upon his connection with railroad life, as clerk in the office of the road master, commissary department of the Atlanta & Charlotte Air Line Railroad. In March 1882, he returned to his birthplace, Fernandina, and entered the office of the local agent of the Atlantic, Gulf and West India Transit Railroad, as chief clerk and cashier. In 1885, he became agent and purser of the steamers belonging to the company known as the Florida Railroad and Navigation Company, and in 1887, he became claim clerk in the general freight office at Jacksonville. The following year, he was promoted to the position of chief clerk of the general freight office, but soon after accepted the chief clerkship in the treasurer's office of the Florida Central & Peninsular Railroad, which he held for several years. In 1896, he was appointed treasurer of the same road and was made paymaster for the fourth and fifth divisions of the system, after its consolidation with the Seaboard Air Line system in 1900. The position of paymaster on these divisions being abolished on July 1, 1901, Mr. Dozier decided to enter business for himself and embarked in the paint and wall paper business in Jacksonville, on November 1, 1901, under the business title of Dozier & Gay. He married January 20, 1886, Miss Amelia McCaa Chesnut, a daughter of James Chesnut and Amelia Boykin McCaa, natives of Camden, S. C. She was a grand niece of Gen. James Chesnut of President Davis' staff."* She was a member of the Daughters of the Confederacy, also Colonial Dames. One son was born by this union, James Chesnut Dozier, who died when about 11 years old. Mrs. Dozier died July 15, 1920.

In 1905 the firm of Dozier & Gay was incorporated and began the manufacture of paints under the incorporated name of Dozier & Gay Paint Co. In connection with this Mr. Dozier held the position of vice-president. Later he severed his connection with this concern and entered the real estate business in Jacksonville under the corporate name of Dozier & Hodson Co. and held the position of president. During the World War, Mr. Dozier entered the service of the U. S. Shipping Board Emergency Fleet Corporation as Disbursing Officer of the fourth district. After some three years of service with the United States Shipping Board, on account of illness, he resigned. In 1921 he was appointed auditor of the Florida State Board of Health. In

ADMINISTRATION

1923 he married Miss William Hull Telfair, daughter of Mr. William Hull Telfair and Sarah Williamson. By this union there were two children. The eldest, Sarah Telfair Dozier was born May 4, 1924; youngest, Cornelia Screven Dozier, born September 23, 1925.

Mr. Dozier served the State Board of Health ten years and has frequently been complimented on the excellency of his system of records and accuracy of accounting. Governor Carlton last year recommended other State Departments to study the State Board of Health system, virtually a Dozier system. He will be sorely missed by all his co-workers and especially by the State Health Officer with whom he had daily conferences.

Mr. Dozier's gentlemanly conduct is an example for all men to emulate. Mr. Dozier died at 5:15 A. M. Sunday, November 22, 1931, after only three days' illness, having completed his "three score and ten" of useful citizenship, most of it in the State of Florida.

Health Notes, with deep feeling, shares with Mrs. Dozier, Sarah and Cornelia a great loss. When the recurrent pangs of the heart come, recollections of his kind helpfulness, thoughts of the exemplary life of the complete gentleman will furnish the silver lining to the cloud enveloping our sorrowing hearts.

Life has not been an empty dream for Mr. Dozier. He has left behind him enduring footprints on the Florida sands of time.

*The greater portion of this article by Rerick & Flemming has been taken from *Memoirs of Florida*, Vol. 1. Southern Historical Association, 1902.

COMMUNITY TUBERCULOSIS



To mention tuberculosis before a group of intelligent men and women usually causes one of two reactions depending on whether it is looked on as an abstract or a personal matter.

When we consider it as a condition present in a community, we are prone to feel that it is something remote from our every day affairs and, while we admit that it exists, we ignore it along with the other unpleasant things that dim our horizon. On the other hand, when we find it as a definite affection in one of our neighbors or friends, we think of it as something to be dreaded like plague or smallpox and we ask our physician if it is safe to live in the same block or the next house.

The purpose of this article is to point out that we should be more rational in our views and neither ignore the whole problem nor get wrought up about the case next door. Tuberculosis is a communicable disease as much as typhoid or scarlet fever but does not manifest itself so speedily when the infecting germs have been implanted into the body. The National Tuberculosis Association has taken this

ADMINISTRATION

year the following slogan: "Tuberculosis Causes Tuberculosis. Every case comes from another." This is the most significant slogan that has been used for years. "Every case comes from another." Whenever we see or hear of a person having tuberculosis or consumption we know that that person got his disease from someone else. When a mother or father with tuberculosis holds a child, kisses it, sleeps with it or feeds it out of the same spoon that child is getting its first infection with tuberculosis germs. When a child is taken to visit an uncle, aunt, grandmother or other relative or friend who has tuberculosis and that adult coughs in the child's face he is infecting the child with tuberculosis.

The purpose of stating these rather startling facts is not to generate an unreasonable fear of this affection but to instill a healthy respect for the fact that under present conditions this disease is in our midst and that all of us should aid in controlling and eventually eradicating tuberculosis from our State.

It has been shown that between 16 and 20 per cent of our Florida children have been infected with tuberculosis germs. This does not mean that this number have tuberculosis or ever will have it but the infection is there and unless these children are cared for in their growing years they are liable to develop the disease, and all these children got it from someone else.

When we have a condition existing we must seek for a remedy. A few simple rules to control promiscuous coughing and spitting to keep children away from tuberculous patients and to teach these patients that they are scattering disease when they are willfully careless or ignorant of their danger to others will go far toward lessening the number of future cases. If we can do no more than prevent children from sleeping with a tuberculous adult we will be taking one important step in controlling this disease.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

THE WELL-TO-DO MAY HAVE TUBERCULOSIS



Although tuberculosis is a disease of the poor, the undernourished and the over-worked, it does not necessarily follow that people in good financial circumstances can enjoy a feeling of safety or remain indifferent to the possibility of danger. Many a man, and woman, too, who is blest with an abundance of worldly goods, subjects himself to hardships, privations and dissipations more debilitating than anything those in moderate circumstances could afford. Long hours behind the steering wheel of a high powered automobile may be as bad as a day of hard labor in the shop or over the wash tub, so far as the lowering of body resistance to disease is concerned. Pursuit of amusement and thrills into the wee hours of the morning is quite as harmful as overtime spent at the office or sewing machine; and over eating, irregular or improper

BUREAU OF COMMUNICABLE DISEASES

eating or even the abuse of one's stomach with soft drinks or other liquid refreshments may be more injurious than a diet lacking somewhat in amount and variety.

Though one may be poor it is possible so to live that the danger of tuberculosis will be minimized. People of wealth sometimes have tuberculosis because they make perverted use of what they have.

A Personal Problem

So tuberculosis is not merely a public health problem. It is an economic problem, too, but perhaps more than anything else it is a personal problem. Serious-minded people are learning what to do to safeguard their personal health and they are doing it so effectively that the annual toll of tuberculosis is decreasing steadily.

The parent who fails to provide adequate diet, shelter, rest and protection from exposure to overwhelming tuberculosis infection may find time, later in life, for regrets. The youth who squanders his vitality, who neglects to conserve his physical resources may spend months or years in the "San" if he is fortunate enough to afford it and there he may regain a fair degree of health.

December is a splendid month in which to acquire all the information you can about tuberculosis and so revise your way of living that you will minimize the probability of having it. Go to a good physician, have a complete health examination and see that you profit all you can from the advice you will get.

REPORTING

From cities and counties with full-time health departments the reports of communicable diseases come to the State Board of Health in a very satisfactory way. Some of the part-time health officers are reporting very well. Complete reporting by local health officers, physicians or others whose duty it is to report will tend to better local health conditions. The State Board of Health can do more to control the preventable diseases if their whereabouts are known.

The Tampa City Health Department has recently immunized a creditable number of pre-school children to diphtheria. The beginning was marked by only moderate interest which resulted from an article given to the press on October 10th by the City Health Officer reporting six cases of diphtheria and urging parents to have their children immunized. Another release to the press on the 18th apprised the public of three diphtheria deaths. Standard posters were displayed on billboard space loaned gratuitously for the purpose. Since then more than 2,000 children have taken toxin-antitoxin at the City Health Clinic and 1,131 Schick tests have been made.

It is possible to convince parents of the need for active protection. It should no longer require the sacrifice of little children to prod them to action.

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

TUBERCULOSIS



One of the sayings of Hippocrates, the father of medicine was, "From the spitting of blood there comes the spitting of pus." How many, many times the first indication of pulmonary tuberculosis has been the "spitting of blood"—a hemorrhage great or small.

Tuberculosis has been known for ages. "Captain of the Men of Death", Osler called it. And well it might be so called, for, when the writer was a boy, one death out of every seven was due to it.

There must be many persons still living who can recall the excitement caused by the announcement in 1881 by Robert Koch, of the discovery of the organism that causes this disease.

Koch was a contemporary of Pasteur, working along the same lines. He had the advantage of being a physician. His first work was the cultivation of the germs of anthrax. As a culture medium he used the aqueous humor from the eyes of freshly slaughtered animals. Having learned how to recognize and handle anthrax germs, which are larger and more easily stained than many others, he started to look for the cause of tuberculosis.

It is hard to realize now what professional and scientific inertia Koch had to overcome. The truth of the germ theory is as well established now as is the Copernican theory of the constitution of the Solar System; but in 1881 there were many doubters. Many physicians had theories of their own as to the causation of consumption and were loath to give them up. One of the greatest students of the disease promulgated the dictum (years before Koch's discovery) that "the worst thing that can happen to the consumptive is that he become tubercular". Knowing as we do that the "tubercle" precedes the "consumption", this dictum is hard for us to understand. And yet it meant something to its propounder.

The announcement by Koch of the discovery of the cause of the disease led many persons to assume that a specific treatment would soon be forthcoming. Their hopes have not been realized and yet no one would dare deny the value of Koch's discovery. Jenner announced the value of vaccination against smallpox before the year 1800 and to date no one has unlocked the secret of smallpox. Why be discouraged?

BUREAU OF DIAGNOSTIC LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
OCTOBER, 1931.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1065	890	42	178	361	2536
Diphtheria	3321	2452	90	970	149	6982
Typhoid	447	207	44	49	52	799
Malaria	633	194	55	28	171	1081
Rabies	21	3				24
Tuberculosis	186	89	14	41	15	345
Gonorrhea	513	261	54	108	30	966
Kahn	3885	1504	172	716	148	6425
Water		93		332	2	427
Milk	347	379	425	776		1927
Miscellaneous	166	16		124	6	312
	<hr/> 10584	<hr/> 6088	<hr/> 896	<hr/> 3322	<hr/> 934	<hr/> 21824

Specimen containers distributed 13032

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	140 Packages
	5,000 units	65 Packages
Toxin Antitoxin.....		15288 C. C.
Schick.....		8640 Tests
Toxoid.....		3180 C. C.
Tetanus Antitoxin.....	20,000 units	6 Packages
	1,500 units	17 Packages
Typhoid Vaccine.....		7532 Treatments
Vaccine Virus.....		1980 Capillaries
Antirabic Virus.....		63 Treatments
Carbon Tetrachloride.....		1785 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF ENGINEERING**Louva G. Lenert, Chief Engineer****RABIES**

Though popularly conceived as a summer malady, rabies is not a particularly seasonal disease, and is usually given little attention until it stares one directly in the face.

This was brought very forcibly to the attention of some when a little ten year old girl down in the central part of the state died with this dreadful disease a few days ago. This was the second death from rabies in this section in thirty days, both contracted from the bite of cats. Treatment was begun immediately but due to the virulent type of the disease the child contracted rabies before immunity set in.

Recent Associated Press dispatches contain an account of the fourth consecutive death on board an American vessel from rabies contracted from dog bites, the animal having been smuggled aboard by one of the crew. The lives of eight others who were bitten by the same dog, are still hanging in the balance.

A doctor in northwest Florida, a dog and two cows were bitten by a rabid dog last week and anti-rabic treatment is being administered.

A dead dog or cat cannot transmit rabies.

Every dog or cat which cannot be shown to be serving a useful purpose should be put in this non-transmitting status. One of our children is far more valuable than the entire canine or feline kingdom.

There are, on the other hand, some very valuable dogs and cats. To some this is a doubtful question, but it is admitted for the purpose of argument. It is then the very solemn duty of the owner of such an animal to protect it from this disease. A competent veterinarian will vaccinate such animals at a very nominal charge considering the insurance obtained against rabies.

Have you a child?

Has your neighbor a child?

Do you regard their precious lives as less important than the worthless cur or the stray cat, or of less value than the immunization fee?

Demand that every animal permitted to run at large carry a license and allow no tags to be issued unless the application be accompanied by a vaccination certificate of a qualified veterinarian.

Do it now—Tomorrow may be too late.

BUREAU OF ENGINEERING

MOSQUITO WORK IN THE WINTER

When mosquitoes quit singing and biting is reduced to a negligible point, attention begins to turn to "more important" projects and the little lady with the big pitch-fork is forgotten until she compels attention by individual and collective attacks in the spring.

Working on such a basis never spells success. Necessary drainage and clearing work can often be done to better advantage during the winter months than during the active mosquito breeding season.

Get your house in order.

Carry on all necessary permanent control operations during the season when inspection and routine control work is not consuming all of the supervisor's time.

The City of Gainesville has carried out a wonderful work in fresh water mosquito control and is planning a campaign in permanent drainage for the winter. In addition to intensive *Anopheles* mosquito control, lectures, literature and contests in the city schools added color to the program. Prizes were given in the school contests as a personal contribution from Dr. W. A. Murrill, who has given so generously and wholeheartedly of his time and himself in conducting the campaign. It is hoped he will be supported in his plea for his winter program.

Through the all-year plan, mosquito control can be made a much greater success.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Lucile Spire Blachly, M. D., Director

CHILDHOOD TUBERCULOSIS



All children of preschool age may be divided into two groups with respect to tuberculosis—those who have it and those who haven't. Those who have it can usually be cured if given proper care. What is the proper care? Correct diagnosis, removal from source of contact, treatment or correction of any other disease or physical defect that might impair health, good food in the right quantities and at the right times, adequate day time rest, long night time sleep, fresh air and ample sun on the nude skin.

Diagnosis: This can be made in two ways only, i. e., by the tuberculin test, a slight skin test, and by an X-ray picture of the chest. In the latter event, the lung glands found near the middle of the chest will show up as white spots on the X-ray plate.

Removal from contact: Small children get the disease by breathing air containing tuberculosis germs floating around on par-

CHILD HYGIENE AND PUBLIC HEALTH NURSING

ticles of sputum coughed up by a person with active tuberculosis or by direct contact as in kissing, use of spoons, cups, towels, etc. The adult with open tuberculosis, living in the home, must be removed from the child or the child from him to prevent repeated and continuous re-infection.

Correction of physical defects or other diseased conditions: The tuberculosis germ itself is a fairly weak organism usually so can be rather readily overcome if the child is otherwise in good physical condition. Running ears should be cured, badly infected tonsils removed, pyelitis treated, etc.

Food: The basic foods essential to good general health may be divided into four groups, namely, the protein group, the carbohydrate group, the fat group, and the group especially rich in vitamins and mineral salts. The protein group is made up largely of milk, eggs, lean meat and cheese, dried beans and peas; the carbohydrate group, bread stuffs, cereals, and potatoes; the fat group, butter, cream, vegetable and animal oils and fats; and the vitamin and mineral salts group, examples of which are as follows:

Vitamin A—Butter, cream, egg yolk, carrots, spinach, cod liver oil.

Vitamin B—Whole grain cereals, green leafy vegetables, yeast.

Vitamin C—Oranges, lemons, grape fruit, tomatoes, cabbage.

Vitamin D—Cod liver oil (certain brands), egg yolk.

Vitamin E—Wheat germ and lettuce. (The role this plays in the human is not fully understood.)

Vitamin G—Milk, green leafy vegetables, yeast.

Mineral Salts—Milk, green leafy vegetables.

A good sample daily diet for a preschool child includes from one pint to one quart of fresh milk or its equivalent in powdered, unsweetened milk, one raw and one cooked green leafy vegetable, (cabbage, collards, wild greens, etc.), one helping of whole grain cooked cereal or whole grain bread, one egg, one helping of lean meat (not pork), one helping of canned or raw tomatoes or an orange, and a helping of cod liver oil graded to his age.

Rest and sleep: Ten hours sleep at night with an hour's rest morning and afternoon is indicated for many children, though others need less. Strenuous play, tap dancing, over excitement of any kind, including motion pictures, must be omitted from the program.

Use of the Sun: A light coat of tan over practically the entire body is the object sought. A leathery brown coat shuts out the sun's rays. The child should be protected from over-exposure causing sun burn or an exceedingly heavy coat of tan or from chilling. During the winter time, on chilly days, the sun baths may be given inside through an open window or door.

Needless to say, any child suffering from tuberculosis should be under the direct care and supervision of a physician thoroughly trained in the care and treatment of this disease.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

TUBERCULOSIS MORTALITY



The downward trend of death rates for tuberculosis is looked upon with a keen sense of satisfaction by those who have been diligently working for years to control the spread of this disease. For many years, tireless workers have toiled and struggled in the fight and thousands of dollars have been spent in an effort to free our citizens from the ravages of what was at one time known as the Great White Plague.

The picture in Florida is quite similar to the one for the entire United States as may be evidenced by the chart accompanying this article. In 1917, when the first state-wide vital statistics records were made available, tuberculosis ranked first of the leading causes of death. It is little wonder that health workers, volunteer organizations and the thinking people of the state should realize the importance of work and effort to control the spread of this communicable disease. There were in Florida last year 1,015 deaths from tuberculosis (all forms) and while this is an important cause of death, it is very encouraging to note that this disease, which led all others in 1917, fell to fifth place last year. Since there are now four causes taking a greater toll of life in Florida than tuberculosis, it is reasonable to assume that efforts to control the spread of tuberculosis have not been entirely in vain.

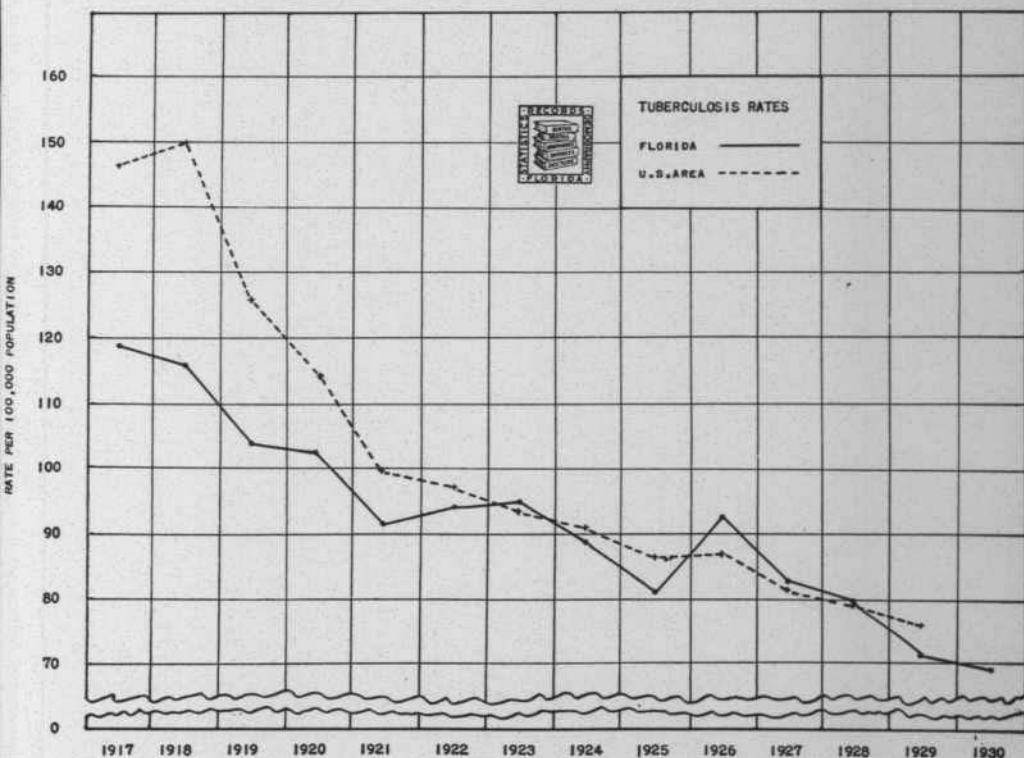
Deaths from Tuberculosis (all forms) and Death Rates per 100,000 Population by Color—Florida, 1917-1930.

Years	Total		White		Colored	
	Tuberculosis Deaths	Rates per 100,000	Tuberculosis Deaths	Rates per 100,000	Tuberculosis Deaths	Rates per 100,000
1930	1015	68.6	432	41.3	583	134.0
1929	1014	70.8	416	41.3	598	140.6
1928	1102	79.7	481	49.7	621	149.5
1927	1097	96.7	463	49.8	634	156.4
1926	1187	92.3	519	58.3	668	169.0
1925	999	80.8	426	50.0	573	148.7
1924	1054	88.7	457	56.2	597	159.1
1923	1079	94.7	490	63.3	589	161.2
1922	1019	93.5	440	59.9	579	163.0
1921	951	91.3	401	57.6	550	159.3
1920	1016	102.3	423	64.3	593	176.8
1919	993	103.7	461	73.4	532	161.6
1918	1084	115.9	494	81.2	590	180.4
1917	1085	118.9	472	80.3	613	188.7

BUREAU OF VITAL STATISTICS



The death rate last year in Florida from tuberculosis (all forms) was 68.6 per 100,000 population and represents the lowest death rate from this disease that has ever been recorded in this state. The decrease last year below the previous year was, however, among our colored population. The white rate last year was 41.3 and the rate for the previous year was the same. The rate for the colored was 134.0 last year as compared with a rate of 140.6 for the previous year. Taking up the study by counties, we find that there were no deaths from tuberculosis recorded in seven counties: Baker, Collier, Glades, Gulf, Liberty, Okeechobee and Wakulla. While the population in the seven counties just mentioned is by comparison less than the average of the other counties, it is, nevertheless, a splendid record to find that the cause of death ranking fifth in the state was not responsible for a single death in any of the seven counties. The lowest rate last year recorded in any county was 7.8 for Holmes County. The rate for Gadsden County is abnormally high owing to the fact that deaths of state hospital inmates are included. When making a comparison of rates for any restricted area, it is always well to study local conditions before drawing conclusions in connection with published rates.



BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (all forms) and Death Rates per 100,000
Population by Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
0. State.....	1015	68.6	432	41.3	583	134.0
1. Alachua.....	34	98.3	10	52.1	24	155.8
2. Baker.....	0	.....	0	.....	0	.....
3. Bay.....	3	24.8	1	11.1	2	64.5
4. Bradford.....	3	31.9	2	29.9	1	37.0
5. Brevard.....	11	82.1	6	65.9	5	116.3
6. Broward.....	5	24.4	2	14.7	3	43.5
7. Calhoun.....	2	27.4	2	33.3	0	.....
55. Charlotte.....	2	50.0	1	31.3	1	125.0
8. Citrus.....	2	36.4	0	.....	2	111.1
9. Clay.....	4	58.0	3	58.8	1	55.6
62. Collier.....	0	.....	0	.....	0	.....
10. Columbia.....	18	123.3	8	89.9	10	175.4
11. Dade.....	99	68.1	52	45.3	47	154.1
12. DeSoto.....	8	102.6	3	47.6	5	333.3
56. Dixie.....	1	15.4	0	.....	1	33.3
13. Duval.....	189	120.8	50	48.6	139	259.3
14. Escambia.....	34	63.3	18	45.2	16	115.1
53. Flagler.....	2	80.0	1	62.5	1	111.1
15. Franklin.....	5	79.4	0	.....	5	200.0
16. Gadsden*.....	53	176.7	13	100.0	40	235.3
64. Gilchrist.....	1	24.4	1	29.4	0	.....
57. Glades.....	0	.....	0	.....	0	.....
65. Gulf.....	0	.....	0	.....	0	.....
17. Hamilton.....	5	52.9	1	17.6	4	105.8
58. Hardee.....	4	38.5	3	31.6	1	111.1
63. Hendry.....	1	27.8	1	45.5	0	.....
18. Hernando.....	6	120.0	3	88.2	3	187.5
59. Highlands.....	7	75.3	2	30.3	5	185.2
19. Hillsboro.....	133	85.8	80	63.6	53	180.9
20. Holmes.....	1	7.8	1	8.0	0	.....
66. Indian River.....	1	14.7	0	.....	1	50.0
21. Jackson.....	13	40.6	4	20.5	9	72.0
22. Jefferson.....	8	59.7	2	46.6	6	65.8

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (all forms) and Death Rates per 100,000
Population by Color and by Counties, 1930

COUNTIES	Total		White		Colored	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
23. Lafayette.....	1	22.7	1	27.0	0	.....
24. Lake.....	18	76.9	7	41.4	11	169.2
25. Lee.....	10	65.8	4	34.5	6	166.7
26. Leon.....	9	38.1	2	20.4	7	50.7
27. Levy.....	8	64.0	3	39.0	5	104.2
28. Liberty.....	0	.....	0	.....	0	.....
29. Madison.....	4	25.6	0	.....	4	48.8
30. Manatee.....	11	48.5	5	31.6	6	87.0
31. Marion.....	21	70.7	9	59.2	12	82.8
67. Martin.....	3	57.7	1	31.3	2	100.0
32. Monroe.....	20	146.8	15	134.8	5	200.4
33. Nassau.....	5	53.3	0	.....	5	128.6
34. Okaloosa.....	2	20.2	2	22.5	0	.....
54. Okeechobee.....	0	.....	0	.....	0	.....
35. Orange.....	27	53.5	12	31.5	15	121.0
36. Osceola.....	9	83.3	6	78.9	3	93.8
37. Palm Beach.....	32	60.8	8	22.5	24	140.4
38. Pasco.....	10	94.3	8	90.9	2	111.1
39. Pinellas.....	31	49.2	23	44.4	8	71.4
40. Polk.....	29	39.7	9	15.8	20	123.5
41. Putnam.....	16	87.9	8	77.7	8	101.3
42. St. Johns.....	13	69.1	5	41.3	8	119.4
43. St. Lucie.....	2	28.2	1	19.2	1	52.6
44. Santa Rosa.....	3	21.3	3	25.2	0	.....
60. Sarasota.....	4	31.7	4	40.8	0	.....
45. Seminole.....	8	42.3	5	48.1	3	35.3
46. Sumter.....	3	28.0	1	13.3	2	62.5
47. Suwannee.....	7	44.5	3	28.9	4	75.0
48. Taylor.....	6	45.5	2	24.4	4	80.0
61. Union.....	9	120.0	1	21.7	8	275.9
49. Volusia.....	28	64.8	11	35.9	17	134.9
50. Wakulla.....	0	.....	0	.....	0	.....
51. Walton.....	6	41.1	2	16.8	4	148.1
52. Washington.....	5	41.0	1	10.4	4	153.8

TUBERCULOSIS

Landmarks of Progress

EVIDENCE OF TUBERCULOSIS
CAN BE FOUND IN MUMMIES

400 BC
HIPPOCRATES FIRST DESCRIBED
PHTHISIS (CONSUMPTION) ACCURATELY

1850 - BREWER & ESTABLISHED
THE FIRST SANATORIUM
FOR TUBERCULOSIS

1689
MORTON FOUND
THAT PHTHISIS IS
PRECEDED BY
TUBERCLES.

1955 - VILLEMIN PROVED
THE DISEASE DUE TO SOME
SPECIFIC VIRUS

1819
LAENNEC INVENTED THE
STETHOSCOPE AND DEVELOPED
DIAGNOSTIC METHODS

1855- PASTEUR LAID THE FOUNDATION FOR THE SCIENCE OF BACTERIOLOGY

1882 - KOCH DISCOVERED
THE TUBERCLE BACILLUS

1888
CORNET SHOWED
THAT TUBERCLE
BACILLI ARE SPREAD
BY THE EXPECTORATION
OF CARELESS CONSUMPTIVES

1887 - 1965
PUBLISHED FIRST
EDUCATIONAL CIRCULAR

1885 - TRUDEAU
ESTABLISHED THE FIRST
SANATORIUM IN THE U.S.

1882 - FORLANINI FIRST
PRACTICED ARTIFICIAL
PNEUMOTHORAX

1892
FLICK ORGANIZED FIRST
TUBERCULOSIS ASSOCIATION
(PENNSYLVANIA)

1005
RICH, PAT GLENN
SHALONWEE D
T-100 30-03-00

1896
THEOBALD SMITH
SHOWED THAT THE BOVINE
BACILLUS AND THE HUMAN
BACILLUS ARE DISTINCT RACES

1897
BUGS, NEW YORK CITY
HEALTH DEPARTMENT, REQUIRED
REPORTING OF TUBERCULOSIS.

1800 - NAEELI SHOWED
THAT MOST ADULTS HAVE
NEELED THERCULOSES

1903
OSLER INTRODUCED FIRST
TUBERCULOSIS NURSE
(BALTIMORE)

1808
FIFTH TUBERCULOSIS
CLINIC ESTABLISHED
(NEW YORK CITY)

1903
ROLLER OPENED
HIS FIRST MILLITARY

1904 - HOLBELL INTRODUCES CHRISTMAS SEAL IN DENMARK

FOA - NATIONAL
TUBERCULOSIS ASSOCI-
TION ORGANIZED

1907
PARKET PERFECTED
THE TUBERCULIN TEST

1908
FIRST OPEN AIR
SCHOOL —
(1908-1909)

1908
SIXTH INTERNATIONAL
CONGRESS ON TUBERCULOSIS
(WASHINGTON) GAVE DIRECTION
TO THE MOVEMENT

1909
FIRST PREVENTORIUM
CRABAPPLE DAIRY, N. Y.

1907 - MISS BISSALL
INTRODUCED THE CHRIST-
MAS SEAL IN AMERICA

1929 FINDS THE DEATH RATE
STEADILY DECLINING

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